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Certainly it is excellent discipline for an author to feel that he must say all that he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.

Original Communications.

A STUDY ON THE CASES OF DISEASE OF THE SKIN TREATED AT DEMILT DISPENSARY, DURING THE YEAR 1875.*

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The number of cases of diseases of the skin which have come under my care in the Demilt Dispensary during the past year, and which I propose to analyze in the present paper, is six hundred and seventeen; besides which fifteen other patients, with miscellaneous affections, were wrongly entered and subsequently referred to proper departments. I am stimulated to thus study disease, as we actually observe it, by the very favorable reception accorded to the "Analysis of One Thousand Cases of Skin Disease," which I had the

*Read before the New York Medical Journal Association, January 21, 1876.

honor to present to this society one year ago,* and also by the belief that those occupying public positions owe to the profession the record, at least, of the experience gained in them; and finally because, while rare diseases and new therapeutic measures are often made the subject of study and report, the more homely details of every-day conflict with diseases of the skin are seldom offered to the medical public.

As in my "Analysis" of last year, I shall first invite attention to a short statistical inquiry as to the relative frequency of the different forms of cutaneous affections, and afterward speak more in detail of the different diseases and their treatment, introducing such cases as may seem appropriate and as time and space will permit, touching also, as far as possible, upon the influence of age, sex, occupation, etc., in their production. I will here express my hearty thanks to my clinical assistant, Dr. Robert Campbell, for his most faithful attendance at the Dispensary, and for the very great assistance he has rendered me in recording and analyzing the cases, and also for the many clinical histories he has written out.

The cases of diseases of the skin are presented in two tables:—the first, for easy reference, giving an alphabetical list of the diseases and the number of instances of each, together with the sex of the patients; and the second, arranged in the order of frequency, showing also the varieties of each disease and with a column of percentage, in order that these statistics may be readily compared with others.

I have adopted and endeavored to follow what I conceive to be the simplest as well as the most correct principle of nomenclature, namely, adhering as far as possible to the Greek names of diseases for the primary term, while secondary terms and expletives are given in Latin.

In these tables I have endeavored, as much as possible, to simplify the study by accepting the more commonly employed terms, and excluding any of doubtful meaning, as sycosis, ecthyma, etc.; and, indeed, during the past year, in

* American Practitioner, May, 1875.

entering the cases, it has been my aim, by accuracy of diagnosis and uniformity of nomenclature, to render the subject clear and simple, both for those who have followed me in the practice of the Dispensary, and for those who shall learn of it by means of this report. Moreover, many of the diseases which are usually accorded separate names, will here be found grouped together as varieties of other affections; thus acne will be found to include seborrhœa, comedones, and the rosaceous acne, now isolated from this class by some writers, as will be explained later; eczema embraces as varieties the pustular and papular forms, which by others might be distinguished as impetigo and lichen; dermatitis represents inflammation of the skin from heat, cold, mechanical irritants and poisons, which lesions might, perhaps, be classified as combustio, pernio, excoriations, etc.; while all the vegetable parasitic diseases are grouped together with the generic term tinea.

TABLE I.

DISEASE.	Males.	Females.	Total.	DISEASE.	Males.	Females.	Total.
Abscessus	1	.....	1	Paronychia	1	.....	1
Acne	16	27	43	Pemphigus .....	.....	1	1
Anthrax	1	.....	1	Phthiriasis	21	36	57
Bromidrosis	1	.....	1	Pityriasis .....	.....	1	1
Chloasma .....	.....	3	3	Pruritus	7	4	11
Clavus	2	2	4	Psoriasis	5	15	20
Dermatitis	15	8	23	Purpura .....	.....	2	2
Eczema	110	108	218	Roseola .....	.....	1	1
Elephantiasis Græcorum	1	.....	1	Rubeola .....	.....	1	1
Epithelioma	1	.....	1	Scabies	15	11	26
Eruptio e potass. iodid...	1	.....	1	Scrofuloderma	4	4	8
Erysipelas	10	9	19	Syphiloderma	22	17	39
Erythema	6	8	14	Tinea	8	13	21
Folliculitis capitis	1	.....	1	Ulcus	1	4	5
Furunculus	6	11	17	Ulcus erodens	2	4	6
Herpes	12	5	17	Urticaria	7	10	17
Hyperidrosis pedum	1	.....	1	Varicella	1	1	2
Keloid e cicatrice	1	.....	1	Verruca	9	1	10
Lichen	6	11	17	Xeroderma .....	.....	1	1
Nævus .....	.....	1	1				
Onychia .....	.....	2	2	Total	295	322	617

TABLE II.

DISEASE.		Number.	Per Cent.
Eczema	{ Impetiginodes ... 63 }	218	35.1
	{ Papulatum 16 }		
	{ Intertrigo 1 }		
	..... 138		
Phthiriasis	{ Capitis 45 }	57	9.2
	{ Corporis 12 }		
Acne	{ Sebacea 2 }	43	6.9
	{ Punctata 4 }		
	{ Molluscum 0 }		
	{ Simplex 26 }		
	{ Indurata 4 }		
	{ Rosacea 7 }		
Syphiloderma	.....	39	6.3
Scabies	.....	26	4.2
Dermatitis	{ Calorica 8 }	23	3.7
	{ Venenata 4 }		
	{ Traumatica 3 }		
	..... 8		
Tinea	{ Tricophytina..... { Circinata 12 }	21	3.4
	{ Versicolor 2 }		
	{ Favosa 5 }		
	..... 2		
Psoriasis	.....	20	3.2
Erysipelas	{ Faciei 11 }	19	3.1
	{ 8 }		
Furunculus	.....	17	2.7
Herpes	{ Zoster 10 }	17	2.7
	{ Labialis 3 }		
	{ Præputialis 2 }		
	{ Nasalis 1 }		
	..... 1		
Lichen	{ Simplex { Acutus 14 }	17	2.7
	{ Pilaris 1 }		
	{ Planus 1 }		
	..... 1		
Urticaria	.....	17	2.7
Erythema	{ Faciei 3 }	14	2.3
	{ Papulatum 2 }		
	{ Multifforme 1 }		
	..... 8		
Pruritus	.....	11	1.8
Verruca	.....	10	1.6
Scrofuloderma	.....	8	1.3
Ulcus erodens	.....	6	.97
Ulcus	.....	5	.8
Clavus	.....	4	.6
Chloasma	.....	3	.5
Onychia	.....	2	.3
Purpura	{ Hemorrhagica 1 }	2	.3
	{ Rheumatica 1 }		

TABLE II.—Continued.

DISEASE.	Number.	Per Cent.
Varicella	2	.3
Abscessus	1	.16
Anthrax	1	.16
Bromidrosis	1	.16
Elephantiasis Græcorum	1	.16
Epithelioma	1	.16
Eruptio e potass. iodid.	1	.16
Folliculitis capitis	1	.16
Hyperidrosis pedum	1	.16
Keloid e cicatrice	1	.16
Nævus	1	.16
Paronychia	1	.16
Pemphigus	1	.16
Pityriasis	1	.16
Roseola	1	.16
Rubeola	1	.16
Xeroderma	1	.16
Total	617	

These six hundred and seventeen cases, then, will be found arranged under forty-one principal heads, many of them embracing several divisions, while sixteen represent but single examples of the diseases recorded; in some instances the same patient was treated for two distinct diseases, and these are entered under their proper heads. The ratio of males to females was much closer than in the analysis of last year; of these, two hundred and ninety-five were males to three hundred and twenty-two females, or a trifle over four and a half per cent. in favor of the females, the proportion in the one thousand cases of last year giving the females the preponderance by fifteen per cent. The difference may, in part, be explained by the fact that the patients at Demilt being, as a rule, of a rather better class, mechanics and small store-keepers—the men have more time and inclination to attend to personal comfort than the poorer laboring classes composing the attendance at Bellevue. In Balmanno Squire's statistics from five thousand consecutive cases entered at the

British Hospital for Diseases of the Skin, the males were in excess by nearly seven and a half per cent.

About one-third of the entire number of cases—one hundred and ninety-one—occurred in children of ten years and under; one hundred and nine of these being five years or less of age. The larger proportion of children, as compared with the analysis of last year, is due to the more careful separation of patients and their allotment to the proper classes; although very many cases of cutaneous disease in children still find their way into the department of diseases of children, thus lessening the proportion with me. The ages belonging to the different diseases will be spoken of when considering the individual maladies. No general deductions can be made as to the influence of the seasons in the production of cutaneous disease from the cases here analyzed, other than to state that the largest number of patients were entered on the book, including those on the alternate days by my colleague, Dr. Donor, during the month of September, the smallest number in January, which gave but two-thirds the number recorded during the former month. The season of the appearance of individual diseases will be mentioned, as far as possible, in the proper place.

A smaller proportion of lesions due to syphilis were recorded than last year, namely, but thirty-nine in the six hundred and seventeen, or 6.33 per cent. of the whole, against ninety-eight per thousand, or 9.8 per cent. in the former analysis, the difference being due to the class of patients. The percentage of animal and vegetable parasitic diseases, however, is greater, being about seventeen per hundred, against fourteen in the former report; the discrepancy again being due to the class of patients, because in the better ranks these affections are more noticed and abhorred, whereas among the lower walks they are looked upon as a necessary part of their poverty.

The order of frequency of various affections of the skin differs considerably from that afforded by the former analysis of one thousand cases, showing that positive deductions as

to the relative preponderance of this or that disease can not be drawn conclusively, except from an average of very many such studies. Eczema still stands first in the list, as it ever will, in regard to frequency, and forms a trifle over thirty-five per cent. of all the cases, the percentage of last year being but 30.2; while acne, which before came second with a percentage of 11.1, gave here but 6.98 per cent.; psoriasis also appeared much less frequently, yielding but 3.24 per cent. in place of the five per cent. of last year.

On comparing the lists, it will be further found that fifteen names of diseases appear on that of last year which are not found on this, and twelve names occur in the present one which are absent from the former. Ecthyma, excoriations, and syccosis, are excluded from the present list by being entered in their proper places as phases or varieties of other diseases, while not a single case of the following, not very uncommon, diseases was recorded, namely, alopecia, ichthyosis, lupus, prurigo, and scleroderma. There were, however, several cases which casual observation might call lupus, but which close study discovered to be epithelioma or rodent ulcer, or else due to syphilis. The term prurigo I restrict wholly to the eruption which Hebra has described under that name, whose definition is accepted by most dermatologists; and I call those cases pruritus where itching exists as the only symptom, excepting, of course, any which are more properly classed under eczema, phthiriasis, etc.; and although I doubt not but that the term prurigo would have been applied by some to certain of the cases here analyzed, no single case of the true disease was observed. The twelve diseases appearing here and not in the former analysis, will be spoken of in due order. As far as I know but two patients died within the year, both infants—one, twenty months old, with purpura hemorrhagica; the other, four months old, with syphilitic pemphigus. In both of these patients the disease was far advanced when they were brought to the Dispensary, they being almost *in extremis*.

We will now proceed to consider some of the points in the

separate diseases which have come under observation, and will speak of them in the order of their frequency of occurrence.

1. *Eczema*.—Of the two hundred and eighteen cases of eczema, one hundred and eleven were in male and one hundred and seven in female subjects, giving a preponderance of four males; whereas in my former analysis the females were in excess by twenty-seven in three hundred and two, or about nine per cent.; other statistics agree in making the disease more common in males than in females. Quite a large proportion of the eczema cases were in children, seventy-one being five years old or under; of these seven were four and a half months or younger, fourteen from that to twelve months, and a total of thirty-nine from two years downward. Calling those cases of four years of age or under, infantile eczema, there were sixty-nine of this variety, or 11.2 per cent. of the whole. This presents a striking contrast to the statistics published by Mr. Wilson,* who formulates his deductions by saying that the percentage of eczema infantile to eczema of the rest of life, is as one to sixteen; whereas here the proportion is nearly double that. He also asserts that the disease is more common in the male child; whereas among these children there were eleven males to ten females of a year old and under; up to three years of age, they stood twenty-six males to twenty-eight females; and at four years or under, the period which I have assigned as infantile eczema, there were thirty-five females to thirty-four males. Without wishing to depreciate Mr. Wilson's work in this field of statistical investigation, I would, by these figures, show the need of great care in formulating any rules or laws in regard to disease, for I can not suppose that these great differences are entirely due either to the country or to the class of patients.

It is, perhaps, interesting to note that of the two hundred and eighteen cases of eczema, seventy-one, or almost one-third, occurred during the first five years of life, and one hundred and two, or nearly one-half, within the first decade; of

* Lectures on Eczema. London, 1870: pp. 265 and 275.

these one hundred and two cases, fifty-two were in boys and fifty in girls. These figures exhibit quite a contrast to those given last year, where the percentage of cases of five years and under was only 5.6 of the entire number of cases of eczema against almost thirty-three per cent. this year; and the average of those ten years and less was but 7.6 per cent. to over forty-seven per cent. in the present study. They contrast also yet more strongly with Wilson's statistics from middle and high life in England, where an average of two thousand gave but four per cent. for the first decade against our forty-seven per cent. for the same time of life.

It is also seen that the decade from twenty to thirty presents the next greatest number of cases of eczema. Bal-manno Squire* has shown this period, between twenty and thirty, to exhibit proportionately more cases of cutaneous disease in general than any other in life, basing his calculations on a careful study of the census of London, in which those living at each period of five years are compared with the number of cases of general skin disease at the same ages, among five thousand skin cases at the British Hospital for Diseases of the Skin. Wilson's statistics further show eczema to be more common during this period than during the first decade, though with him that between thirty and sixty years yields a still larger proportion of cases, showing, as I remarked in my former analysis, that among the higher classes the elements of ill-health, due to over-indulgence and gouty disease, far exceed those existing among the poor with us; that is, while eczema, like all disease, must be looked upon as a lowering of vitality, in the higher classes of society this is due to over-indulgence and too little bodily exercise, together with the depressing influence of mental care; and that in this class of society these agents are far more productive of eczema than are the supposed elements of lowered vitality in the poor, under-nutrition and overwork. From these conclusions important therapeutic considerations are drawn, namely, eczema among the better classes yields better

* On the Influence of Age in the Causation of Skin Diseases. London, 1873.

to deobstruent remedies, as alkalies, purgatives, etc., together with nerve tonics; whereas among the poor direct nutritive elements are more often called for—cod liver oil, iron and tonics, directed to improve the state of the general system.

The following table gives the ages of the patients with eczema at the time of applying for relief:

TABLE III.

AGE OF PATIENT.	Males.	Females.	Total.
6 months and under	3	4	7
6 months to 1 year of age	8	6	14
1 year to 2 years of age	10	8	18
2 years to 3 years of age	5	10	15
3 years to 4 years of age	8	7	15
4 years to 5 years of age	1	1	2
5 years to 10 years of age	17	14	31
10 years to 20 years of age	9	14	23
20 years to 30 years of age	16	14	30
30 years to 40 years of age	11	10	21
40 years to 50 years of age	5	14	19
50 years to 60 years of age	7	4	11
60 years to 70 years of age	8	2	10
Over 70 years of age	2	.....	2
Total	110	108	218

The youngest patient with eczema presented for treatment, was aged six weeks; the oldest, seventy-six years.

In regard to the location of the disease, in seventy-one cases where this was noted it occurred in the following order: Head, eighteen; hands, thirteen; legs, thirteen; ears, eight; beard, four; face, four; palms, three; arms, two; hands and arms, two; scrotum, two; lip, one; eyelid, one. Of eleven cases in which the side of the body was recorded, the disease affected the left side in eight, and the right in three.

In the treatment of eczema I have, of course, followed, to a greater or less degree, the accepted and well known methods as indicated in the text-books; but in the two hundred and eighteen cases, probably at least fifty modes of treatment

have been required; for no disease of the skin exemplifies more than eczema the error of a routine habit of prescribing, and none exhibits more clearly the necessity of studying the case, and not simply ordering this or that accepted remedy irrespective of the particular requirements of the patient, or, as I have elsewhere stated, eczema requires management quite as much as treatment.

The treatment of eczema in children, of which we have seen that there were one hundred and two cases of ten years or less of age, offers a field of great interest for the study of the therapeutics of the disease. Every phase of it is here seen—acute, sub-acute and chronic, moist, pustular, squamous and papular; and the measures applicable to one form do positive harm in another. While, therefore, I can not discuss in full the treatment, I will mention a few of the more salient features of the disease as they have presented themselves in this clinic during the past year. I will not, however, reiterate points made in my analysis of the preceding year, and would refer those interested in the subject to that, as expressive of much that would be said at the present time did space permit. I have ordered poultices to the heads of infants with eczema very seldom (I believe but twice) at the Dispensary during the year, and then only a *single application* of the same, and that after the eruption had been left alone for a while, with only the repeated application of an ointment. The object of the poultice is to remove an incrustation; and after a single application over night, the head is to be washed in borax and lukewarm water, two drachms to a pint, no soap; and the appropriate ointment is to be reapplied as often as necessary in order to keep the parts thoroughly protected. I therefore order no more poultices nor washings, unless absolutely required; for, as a rule, the crusts which form afterwards will separate in a few days under the continued soaking with a soft ointment or cod liver or almond oil.

Last year I mentioned the use of tannin in ointment, one drachm to the ounce, as having given me good results; this year habit, perhaps, and the desire to test the value of differ-

ent remedies, has led me to employ largely the bismuth subnitrate in ointment, half a drachm or one drachm to an ounce; and with many skins it acts very much better than the zinc ointment. I have also returned, in a measure, to the employment of the old unguentum picis or tar ointment of the pharmacopœia, diluted two, three or even more times, either with simple or rose ointment, or in combination with oxide of zinc ointment, and I find that it does not merit the neglect into which it appears to have fallen. I have no new experience to add in regard to the tannin ointment before recommended; when used it has proved serviceable.

I have employed baths more than formerly in the treatment of eczema, both in children and adults, among the poor, and they have at times rendered great service. As is well known, the application of simple water to eczematous skin does harm, and is to be avoided as far as possible; but the same does not hold true in regard to water medicated so as to offer a soothing element, by means of the carbonates of potash and soda, borax, acetate of potash, etc., combined with starch.

In a case of eczema of the scrotum in a boy, which I have reported elsewhere,* very great relief was obtained by soaking in a warm bath every night in an ordinary wash-tub half full, with something over an ounce of carbonate of potash and about half an ounce of carbonate of soda, with four tablespoonfuls of dry starch boiled, and the subsequent application of the tar ointment diluted with twice as much simple ointment, cured the case, which had been most distressing and troublesome. The boy took, at the same time, a little arsenic in rhubarb and soda mixture; but the relief afforded by the local treatment was so immediate and certain that no doubt could be entertained of its very great value.

Acute and exuding eczemas do not as a rule do well in baths, at least in my hands; but many children with subacute and chronic forms of the disease, more or less general, were treated with baths similar in the main to the above with

* Archives of Dermatology, January, 1876, p. 155.

advantage. It must be remembered that after coming from a bath all the diseased parts must be dried with the least possible friction, which is best attained by throwing a warmed linen sheet around the body and drying by pressing this on the surface; and also equally important that diseased surfaces must always be covered immediately with some protective dressing, otherwise the effect of the bath may be irritating, having dried the skin more than can be remedied by the natural oiliness of the surface. In private practice, after a bath, the glycerate of starch or vaseline—the perfumed or “pomade vaseline” is most agreeable—may be applied to the entire surface if there is any tendency to general roughness or scaling, and furnishes a most elegant means of rendering the integument soft and supple.

In regard to the internal treatment of eczema, I find no reason to alter the opinions expressed last year as to the internal origin of a large share of cases, and of the consequent necessity of properly selected internal medication and dietary regulation.

I confess that I have been a little surprised, however, at the effects which I have obtained from arsenic in many cases. For the purpose of clinical study, I have given a large number of children no other treatment but arsenic, except occasionally a little zinc ointment as a placebo. I have given it to infants as well as older persons, administering it in increasing doses till some of the physiological effects were observed, though this limit was not always sought, and I have seen both impetiginous and dry eczemas disappear in a very short time. I regret that I can not, at the present time, give definite results from my experience, for I am not yet able to determine exactly in what cases this method will do good, and when it will be inert or harmful. I believe, however, that the effect of arsenic is much more marked in the eruptions of children than in adults, my previous experience in the latter having forced me to report much less favorably than has been done by certain dermatologists, notably of the English and French schools; but of its very great efficacy in certain cases of

eczema in children, there can be no doubt. I will mention in brief a striking case which has attended very regularly at Demilt during the past year.

Thomas Hayes, five years of age, was first presented at my clinic May 11, 1875, with the following history: When four months old an eruption, answering to the description of impetiginous eczema, developed upon the cheeks and head, and from that time he has never been free from the disease. It has gotten somewhat better at times under certain treatments but has never left him, nor at any time has he been so as not to be much distressed with it. It has occupied in turn much of the body, affecting at times the popliteal spaces and other parts. When first seen, his whole face, eyes, head and neck, were covered with a moist papular eczema, bearing evidences of great itching; and his father testified that he tore the parts constantly, his sleep at night being almost entirely prevented. The arms were likewise the seat of a dry papular eczema, considerably scratched, which had persisted since twelve months of age. The little patient wore the troubled, exhausted look common to such sufferers, and the father appeared almost equally distressed because of the apparent hopelessness of the case. He was immediately given cod liver oil in increasing doses and the oxide of zinc ointment, with directions not to wash the parts but to keep them constantly coated with the ointment, and to remove the woolen tippet which he had worn and which was irritating the inflamed head, neck and ears. There was but slight improvement from this; but in view of the very chronic character of the case, and because the child seemed to be one who required the oil, this treatment was continued unaltered till July 10th, a period of two months, when he was given a mixture containing three minims of Fowler's solution and two grains of ammonio-citrate of iron with bark tincture, three times a day, and the tar ointment was added to the zinc to assist in allaying the itching, the oil being continued.

This treatment was followed faithfully for six weeks, till August 31st, with really no gain, when, in view of the great

amount of itching, I resolved to give arsenic and push it till good or bad results were obtained. Accordingly, the other treatment being suspended, equal parts of Fowler's solution and cinnamon water were prescribed; and four drops of this were ordered three times a day, the dose to be increased by two drops every other day until twenty drops three times a day were reached—the same local treatment being used, the ointment to be washed off with a solution of two teaspoonfuls of baking soda in a teacup of water, once daily. At this time the eruption was about in the state described as existing at the first visit, three and a half months previously, his general condition having improved but very slightly also under the oil and tonic.

In twelve days it was recorded that there was great improvement, and four days later (Sept. 16) still more relief; he was then taking twenty drops of the mixture, or ten drops of Fowler, three times a day; a large portion of the eruption had become papular, there were almost no excoriations; the child slept well and looked fifty per cent. better. The dose was then increased to thirty drops after meals, augmenting in the same manner two drops every other day. This dose being soon reached, it was continued at thirty drops, or fifteen of Fowler's solution of arsenic, three times daily, until December 4, three weeks longer, when it was noted that the eruption had nearly disappeared, the father stating that the child had never before been so free from the eruption since its inception. December 30, he still continues well. The father testifies that whenever the arsenic is omitted, even for a day or two, the itching returns. The dose of the mixture was then ordered to be increased to forty drops (twenty of Fowler) three times a day, the dose of thirty drops not having caused any inconvenience.

On January 15, 1876, it was recorded that the forty drops had disagreed with the stomach and caused vomiting; in order, therefore, not to withdraw the remedy entirely, the dose was lowered at once to ten drops three times a day, with instructions to increase slowly to thirty, a point at which

he had previously tolerated the arsenic perfectly. At his last visit almost every trace of eczema had disappeared; the color of his cheeks was of a natural rosy hue and the skin there smooth, the ears perfectly normal, and, but for slight papulation here and there, the disease could hardly be suspected. He sleeps well and eats well. March 11, 1876, he remains well.

To complete this history, I should state that the father is a decided asthmatic, and had eczema eighteen years ago; the mother is healthy. The child had wheezing lately, that is before commencing treatment; it has improved with the improvement in the eruption. There was no change made in the local treatment from first to last, and during the latter part of the time this was rather neglected.

I have elsewhere* written strongly against the evil of falling into the "rut" of treating eczema by means of Fowler's solution and zinc ointment, and mention the fact here to warn any against believing that because I have given *a single case* where arsenic proved *the* remedy, that therefore it is valuable and to be administered in every case of eczema. Far from it; the cases, in my experience, are comparatively few where anything like this effect can be obtained. In this child I believe it was indicated by the asthma of the father and slight wheezing in the child; while the great amount of itching showed a nervous element which called for such a nerve tonic.

During the past few months I have been using a preparation of arsenic but little known or used in this country, but which I think bids fair to be far more useful than the well known Fowler's solution. This is the solution of the chloride of arsenic, the liquor arsenici chloridi of our Dispensatory—the old DeValangin's solution. Its advantages are that it is better tolerated by the stomach, and that it can be administered in large quantities; and thus far, in public and private practice, it has yielded results which I have failed to obtain from the more commonly employed forms of arsenic.

*The Management of Eczema. G. P. Putnam's Sons, 1875.

The Dispensatory states that its strength is two-thirds that of Fowler's solution, but that it is to be given in the same doses. In one very old and obstinate case of eczema of the beard, in a man aged thirty, this preparation has been administered in doses of forty drops three times a day with the happiest results. He has been under treatment elsewhere for several years; and although persistent epilation and local remedies have done the most toward removing the disease, he still feels that when he omits the arsenic he has more irritation than when under its influence. He, of course, reached these large doses slowly, beginning with five drops after meals; he gradually increased by a drop or two a day to the full doses mentioned.

In pustular or impetiginous eczema, I have had very good success with the hyposulphite of soda, in large doses, thirty grains for an adult three or four times a day, largely diluted and given usually in cinnamon water, on an empty stomach. Last year I reported favorably of its employment in furuncles. I refer now to the more superficial suppuration of eczema. I think I have not used as much cod liver oil this year as last, the class of patients not requiring it, they being in the main better fed and less depressed and exhausted. I have, however, employed more acetate of potassa; indeed, as we rise in society we find, as I have before suggested, more need of two classes of internal remedies in treating many diseases of the skin, namely, evacuants or diuretics and nerve tonics; that is, we find more the results of over and wrong indulgence among those better able to procure luxuries, for which cathartics and diuretics are demanded, and we encounter also nerve exhaustion from responsibility and mental strain, which requires nerve tonics.

Infantile eczema was very generally treated after Mr. Wilson's plan, namely, a grain or two of calomel every day or two, or twice a week, according to the effect; and arsenic and iron, with a syrup internally, with generally a little compound tincture of bark to take the place of the wine. Cod liver oil was given to those of strumous habit.

2. *Phthiriasis*.—Second on our list this year, in point of frequency, come the cutaneous phenomena caused by the presence of lice on the body, there being fifty-seven cases, exactly the number noted in the entire thousand of last year, when it stood fourth in order of succession. The reason, as before stated, of the apparent greater proportion in the present statistics is because these troubles are noticed more by the more cleanly classes; and rarely have I demonstrated their presence when the individual or parents have not expressed regret or sorrow, and looked upon them as a shame. Females were more affected than males, thirty-six to twenty-one—the preponderance being made up by the cases of *phthiriasis capitis* in girls from eight to twenty years old, where untidy habits foster the lodgment and multiplication of lice in the head. The youngest patient in which this state was found in the head was four years; the oldest, a woman of forty, who, with two girls aged twenty-one and twenty-two, were the only patients with this disease over twenty years of age. Body lice were found in older persons from forty to seventy-five years of age, and seldom if ever in very young persons.

The treatment employed for the head form was always that described last year, namely, soaking three times in kerosene oil within twenty-four hours; then washing thoroughly with castile soap and warm water, and applying afterwards cod liver oil, if the head be very sore, or zinc ointment, or the white precipitate diluted three times. I have used this plan in private practice, and do not find that it is objected to; whereas the thoroughness and certainty of cure of a single soaking renders it a treatment to be recommended. It kills the nits and they become detached on repeated combing, which does not happen when an agent has been used which does not penetrate them. In private practice good results are obtained, but not so quickly, by means of highly scented white precipitate or citrine ointment, diluted three times; and the nits may be separated by means of a wash of equal parts of acetic acid and cologne.

3. *Acne*.—This disease, which yielded 11.1 per cent. in our analysis of last year, gives now but 6.9 per cent. Of the forty-three cases treated during the past year, twenty-seven were females and sixteen males, which is almost exactly the ratio between the sexes found during the previous year. These forty-three cases presented the following varieties: *acne sebacea*, two; *acne punctata*, four; *acne simplex*, twenty-six; *acne indurata*, four; *acne rosacea*, seven. The early age at which *acne* is prone to affect the skin is seen from the following:

TABLE IV.

AGE OF PATIENT.	Males.	Females.	Total.
At 14 years of age		4	4
At 15 years of age	1	3	4
At 16 years of age		2	2
At 17 years of age	3	3	6
At 18 years of age		3	3
At 19 years of age	2	1	3
At 20 years of age	4	2	6
20 to 30 years of age	3	3	6
Over 30 years of age	3	6	9
Total	16	27	43

At sixteen years of age or under there were ten cases, nine of which were females; after that period the sexes were about equally divided. The oldest patient recorded with *acne simplex* was fifty years of age, a period usually stated to be free from this form of *acne*. The youngest patient with the *rosaceous* form was a man aged twenty-three, the oldest a man of forty; of the seven cases, five were females and two males.

In regard to the causation of *acne*, a large share of the patients presented some of the manifestations of imperfect digestion, coated tongue, constipated bowels, flatulence or oppression after eating; although a first general question will commonly elicit the answer that these patients are perfectly well with the exception of the eruption on the face. Most of

the girls with the simplex and punctata forms worked in factories, went to school, or lived out as servants; and another year's experience convinces me more firmly than ever that this disease is due to imperfect digestion, even though the results of it are not shown before they reach the urinary secretion, where, in place of the normal results of disintegration, we find urates, oxalates or phosphates.

The element of confinement to the house and want of fresh air seems to be wanting in those of the male sex who were affected with acne simplex and punctata; for we find among them two laborers, a farmer, butcher, driver, plumber and carpenter. But when one studies the diet commonly employed, it will be found that many habitually transgress in quality and quantity; and these are the ones prone to be affected with skin diseases and acne especially. Our people need much education on the subject of hygiene and diet—topics sadly neglected in the teaching of the schools, lay and medical, and which the practitioner has mainly to study and develop for himself, and should instruct the patient in.

Quite a share of the patients with the simplex and punctata forms of acne received acetate of potassa first, followed by tincture of the muriate of iron as soon as the new elements of disease cease to form. I have also given glycerine internally, with citrate of iron and quinia dissolved in it, with good results to those with thick, doughy skins. Last year I stated that arsenic, in my experience, was of very little use in acne. I must modify this in regard to the DeValangin's solution already alluded to, which I have used in certain cases with excellent results, which I hope to communicate more in full at a later day.

Locally I have little new to offer at present, beyond what was reported last year, except that certain cases I have found to do well under citrine ointment, diluted three times, and well rubbed in at night. The first effect is stimulating and the face appears worse, when the treatment is to be suspended and returned to in a few days.

[TO BE CONTINUED.]

DISLOCATIONS OF THE THIGH—SIX CASES IN WHICH MANIPULATION WAS USED.

BY RICHARD O. COWLING, A. M., M. D.

Professor of Surgical Pathology and Operative Surgery in the University of Louisville.

The results obtained in the following cases add further testimony to the usefulness of "Reid's method" of reducing dislocations of the thigh. The cases exhibit also several points of rarity, and offer a text for a few remarks upon the general subject of dislocations in the hip-joint.

CASE I. *Iliac Dislocation—Reduction.*—J. H., aged twenty-six, a powerfully-built man, six feet three inches high, with corresponding development of muscles, was struck, while coupling railway cars, by the buffer and thrown violently to the ground. I saw the case a few hours after the accident with Dr. R. H. Singleton. We found he had an iliac dislocation. The bone was easily returned to its proper place by "Reid's method." No chloroform was used, and the patient did not complain of much pain during our efforts at reduction. At our visit upon the day following, we found a dislocation had been reproduced, this time into the sciatic notch. The patient reported that feeling so well, he had removed the dressings we had applied, and had attempted to get out of bed. In the effort he felt the bone slip. "Reid's method" was again used, this time, however, with the aid of chloroform, and with easy success. The patient had no further trouble, and in a few weeks returned to his work.

CASE II. *Thyroid Dislocation in a Child four months old—Reduction.*—Dr. R. C. Brandeis was called to see a child four months old, which had sustained an injury of the hip by a fall from a bed. Dr. B., not practicing in general surgery or medicine, invited me to take charge of the case. The mother of the child reported that since the accident, which had

occurred three days before, the child had been quite fretful and at times would scream with pain. She could see also that the functions of the limb had been impaired. She had thought that the child was suffering from a bruise simply, and had applied arnica. We found the right leg lengthened about half an inch, toes pointed, slightly averted, etc. The signs of thyroid dislocation were as plainly made out as could likely be well done on so diminutive a subject. A single revolution by "Reid's method" restored the limb to its proper shape and natural mobility. Pain did not return.

CASE III. Thyroid Dislocation in a child six years old, of three months standing, mistaken for Hip-Joint Disease—Reduction.—

This case was sent from a neighboring town to my colleague, Prof. Bell, with whom I saw it in consultation. The parents reported that three months previous their daughter had received an injury from a fall, which had confined her to bed for a week or ten days, and that since rising she had walked lame. The family was in humble circumstances, lived in a remote suburb, and did not obtain professional advice until several weeks after the injury. The physician then stated that there was a dislocation caused by hip-joint disease. On examination we found that the limb was lengthened half an inch or more, with the accompanying signs of a thyroid dislocation. Recognizing the fact that dislocation in hip-joint disease was not likely to occur at the early period of its history at which this had been detected—especially with no other accompanying signs of acuteness (the child being apparently quite healthy,) and that a thyroid dislocation was not probable at any period from such a cause—we diagnosed a traumatic dislocation into the thyroid foramen. The child was put under chloroform, and, with a few revolutions by "Reid's method," the limb was restored to its shape and functions. The child afterward walked without lameness.

*CASE IV. Sciatic Dislocation—Reduction.—*A woman, aged forty, fell down a stairway and dislocated the head of her left femur into the sciatic notch. It was easily returned, without chloroform. Recovery speedy. No special points of interest.

CASE V. *Iliac Dislocation in a Patient in her ninetieth year—Failure of Reduction.*—Mrs. F., a lady in her ninetieth year, had for some time been bed-ridden from senile debility. In January, 1874, she fell from a very high bedstead upon the floor, and sustained a number of injuries. I saw the case several days after the accident, having been called in consultation by Dr. E. D. Forée. There were a number of contusions upon her body, a fracture of the surgical neck of the left humerus, and a dislocation of the corresponding hip-joint of the iliac variety. This we attempted to reduce by "Reid's method," but, failing in our efforts, after several revolutions of the limb, we desisted. She was in great pain, caused chiefly by the injuries of her body and shoulder. We made her as comfortable as possible by position and opiates. We proposed renewing our efforts at a subsequent period, but the contusions upon her body continued to cause much trouble, and fresh ones appeared about the hip and thigh. These were apparently the result of the manipulations, and the hip-joint trouble causing comparatively little of the pain from which she was suffering, a further attempt at reduction was not encouraged. The patient died at the end of five weeks. No post mortem was obtained.

CASE VI. *Iliac Dislocation of two months' standing—Reduction.*—J. A., aged twenty-eight years, a farmer of muscular build, was thrown from his buggy and received a severe contusion upon his back, and injuries of his right hip and knee. He was carried to his home unconscious. He reported that when he "came to himself" he suffered extreme pain in his chest, back and knee. His urine was once drawn by the catheter. When, at the end of three weeks, he left his bed, he found he was lame, and was obliged to use crutches. Subsequently a dislocation was discovered. His physician thought it had been caused by the exertion of walking too soon, and a relaxed state of his muscles due to the back injury. Eight weeks after his accident he came to Louisville and under my care. He showed a well-marked iliac dislocation. On the 8th of January last, I attempted reduction of

the dislocation, with the assistance of Dr. Coleman Rogers, Dr. Ely McClellan, U. S. A., Prof. John E. Crowe, and several students. The patient being placed upon a lounge, was thoroughly relaxed by chloroform, and "Reid's method" used. In a few revolutions the tearing of the adhesions could be plainly felt, and the head of the bone slipped downward into the sciatic notch. A number of attempts were made to get it back into the acetabulum, both by "Reid's method" and by extension and counter-extension, but without avail. With "Reid's method" the head of the bone passed back and forth several times from the sciatic notch to the ilium, and though two or three times the length of the limb seemed fully restored, this would be but momentary. The head of the bone lodged eventually in the sciatic notch. The patient having been under chloroform for an hour and a quarter, and no further progress seeming likely to be made, we desisted from further attempts. To my surprise, after the patient was restored to consciousness he did not complain of pain about the hip, which might naturally have been expected from the amount of violence it had been subjected to, but was still troubled with the reflected pain in his knee, which had been more or less severe from the time of his accident. On the following day I asked Prof. D. W. Yandell to see the case, when it was decided to repeat the attempt to restore the bone to its place. After waiting five days the patient was again anæsthetised, and was now, at Dr. Yandell's suggestion, laid on the floor. "Reid's method" was again practiced. At the third revolution the bone started downward, and apparently lodged upon the tuberosity of the ischium; the limb was flexed and greatly lengthened—as much as two inches. At a certain point it could be neither everted or inverted. I felt the powerful leverage I had upon the neck of the femur, desisted from completing the revolution, and retraced the steps it had taken. The head of the femur became dislodged, and was drawn upon the ilium. Another revolution restored it to the acetabulum. The patient had taken less than half an ounce of chloroform, and not more

than six minutes had elapsed from the time of the first revolution to the last. When restored to consciousness the patient complained of great pain, both in the hip and knee. He got morphine, and in six hours later was entirely comfortable. I was fearful of abscess from the amount of subcutaneous laceration which must have followed in the breaking up of old adhesions, and the shifting of the bone, throughout the great circuit it had performed.

The plastic dressing was applied to the limb, from toes to waist, with a secure spica, and the patient was directed to wear it a month. He experienced no further trouble. He returned to his home within ten days after the reduction, and subsequently wrote that, after the removal of the bandage he found his limb well and its usefulness restored.

This report strangely enough embraces an account of both the youngest and the oldest patient yet recorded of dislocation of the hip—the former being but four months old, the latter having entered her ninetieth year.

Prof. Hamilton gives, in the last edition of his great work on fractures and dislocations, six months as the youngest age of a patient, and eighty-six years as the oldest (Gauthier's report), in which this accident had occurred. In a communication which Prof. H. made to the New York Medical Record, last year, he adds two instances, I think, in which a dislocation had occurred in patients a few months older than the one reported by Gauthier, but not so old as in the case of Mrs. F., contained in this report. There could have been no mistake as to age in the two instances I have related, nor was there any doubt as to the diagnosis of the injury. In the case of Mrs. F. a reduction would, of course, have been satisfactory, not only for the welfare of the patient, but as proof of the correctness of our opinion. Fracture was rather to be suspected at such an age, but the signs of dislocation were simple and unobscured. The flexed position of the limb, the rigidity, the shortening, the inversion of the foot across the opposite ankle, etc., and besides these signs the

emaciated condition of the patient, allowed us to examine fully the head of the bone in its new position, and to feel its rotation upon the ilium under the manipulation.

A point of interest is afforded by case No. I, in which, after reduction, the dislocation was reproduced by the exertions of the patient, who, contrary to orders, removed the dressings and attempted to get out of bed. The possibility of this occurrence may arise as a medico-legal point. In fact, some years ago a case was referred to me, where a suit for malpractice was threatened for an unreduced dislocation of the shoulder, in which the physician claimed that reduction had been effected, and that the bone had subsequently slipped from its socket after the patient had passed from under his care. If such an event were possible at the acetabulum, it would certainly be more likely to occur at the glenoid cavity.

The facility with which reduction of dislocations of the femur can be effected by "Reid's method" is a common experience. It does not always require an anæsthetic. Manipulation in shoulder-joint dislocation has not been nearly so satisfactory in the cases I have used it.

At the hip-joint, by "Reid's method," certainly as powerful, and perhaps even a more powerful force can be applied than by extension and counter-extension. In the few cases I have witnessed where the pulleys were used, I have never seen the bone take such a circuit as I saw in the last of these cases here recorded. A number of accidents following manipulation have been observed—laceration, abscess, fracture, etc. I am quite sure that this last accident was more frequently the fault of the operator than of the operation. No great amount of force should be applied in manipulation. The limb being flexed upon the abdomen, and the sweep, outward or inward, as the case may be, having been effected, as the limb is about to be drawn downward, if the operation is going to succeed, the further revolution of the limb will be effected by the muscles, which seemingly take the limb from out of the operator's hand. Fracture may occur from forcing the flexion

too far; but it happens generally from bringing the limb down too violently.

The several steps in "Reid's method" are easy to remember. The limb can not, by any reasonable amount of force, be made to traverse any other route than that he lays down. To avoid accident, it is well to remember that whenever the bone hitches, the operator should be careful. If gentle measures do not dislodge it, let the steps be retraced and the maneuvers repeated. I am quite certain that in the last of the cases here reported, when the bone hitched it could easily have been snapped with a very few pounds additional pressure applied to the end of the immense leverage. This may be an old caution, but it is worthy of repetition.

The plastic apparatus, whether made with starch, flour and eggs, or plaster-of-paris, is undoubtedly the greatest preventative of abscess, when, after the reduction of old dislocations, this is to be feared.

Lastly, the suggestion of Prof. Yandell to place the patient on the floor instead of on a bed or lounge, was a most valuable one. This position of the patient allows freer movements and gives a securer fulcrum. In case No. 6 the success of the second attempt was due greatly to the change of the patient from the lounge to the floor; though it was somewhat due, perhaps, to the fact that *it was the second attempt*. There are few surgeons who can not corroborate Mr. Erichsen's remark that in dislocation it is often the second man who gets the bone back, not because the first was not skillful, but because he had spent his force in tiring muscles or breaking up adhesions and putting the parts in a fit condition for reduction.

LOUISVILLE, KY.

THE FULCRUM AS AN AID TO MANIPULATION
IN THE REDUCTION OF DISLOCATION
OF THE HIP-JOINT.*

BY GEORGE SUTTON, M. D.

In the Medical and Surgical Reporter, for January 25, 1875, is a communication showing the value of the fulcrum as an aid to manipulation in the reduction of dislocation of the hip-joint. In this paper it is shown how two dislocations were reduced with the greatest ease, after other means had failed, by placing a fulcrum of the proper size and firmness in the groin, flexing the femur over it, and raising the head of the bone by this lever-power high enough to pass the rim of the acetabulum; then, by proper movement of the knee, directing the head of the femur over the cotyloid cavity, which effected the reduction with remarkable facility. In this communication it was shown that the fulcrum not only gave the surgeon power to raise the head of the bone to the desired height to pass the rim of the acetabulum, but that it also acted as a pivot or point of resistance, through which, by abduction or adduction of the knee, we had a direction power, and could turn the head of the femur outward or inward, and guide it along the line of least resistance so as to place it over the acetabulum, and enable the surrounding muscles to draw it to its proper place.

Rules were also presented for the reduction, by the aid of the fulcrum, of the different forms of dislocation of the hip-joint.

I. It was shown that if the dislocation was backward and upward upon the dorsum of the ilium, the femur was to be flexed over the fulcrum, which would raise the head of the bone and enable it to pass over the rim of the cotyloid cavity;

* Read before the Dearborn County Medical Society, January 25, 1876, and on motion its publication was requested, as presenting additional evidence of the value of the fulcrum in reducing dislocations of the hip-joint.

then by moving the knee outward, we would direct the head of the bone inward over the acetabulum, and enable the surrounding muscles to effect the reduction.

2. If the dislocation was into the ischiatic notch, the femur was to be flexed over the fulcrum, which movement would lift the head of the bone out of the ischiatic notch, and at the same time raise it high enough to pass the rim of the acetabulum; then the knee was to be moved inward to place the head of the bone over the cotyloid cavity.

3. If the dislocation was into the foramen ovale, the same flexion of the femur over the fulcrum was to be made, which would raise the head of the bone out of the foramen ovale, and at the same time, by moving the knee inward, would direct it over the acetabulum.

4. For dislocation on to the pubis, the same motion was to be made as for reduction of dislocation into the foramen ovale.

5. If the head of the bone did not readily return through a rent in the capsular ligament "button-hole rent," the knee was to be moved upward and downward, the femur being over the fulcrum; this would produce a vertical motion of the head of the bone, and assist the surrounding muscles in drawing it through the rent.

6. If this motion did not succeed, the leg—which is to be kept at right angles to the femur while making reduction—was to be moved with the foot from side to side, which would give a lateral motion to the head of the bone, and assist in disengaging it from obstructions.

We republish these rules, and would again direct attention to the fulcrum as an aid to manipulation in the reduction of dislocation of the hip-joint, from the firm belief that it is not only worthy of trial, but in difficult cases may be found an invaluable aid.

It is well known that cases of dislocation of the hip-joint occasionally occur which are extremely difficult to reduce, even baffling the efforts of skillful surgeons, as was recently witnessed by the students at one of our medical colleges. In

such cases we respectfully ask that a trial be made of the fulcrum, as an aid to manipulation, before resorting to the violent means of extension and counter-extension.

Since the publication in the Reporter above alluded to, Doctors Lamb, of our city—father and son—were called to attend a man who had received a severe injury. On examination they found dislocation of the hip-joint, and after trying the usual means to reduce it by manipulation and extension and counter-extension without success, they then made trial with the fulcrum, and succeeded in reducing the dislocation without difficulty. I requested Doctor Lamb, sen., to furnish me the facts relating to the case, which he has kindly done; and as every successful reduction of dislocation of the hip-joint, by the aid of the fulcrum, is evidence of its value, I bring this letter before the Society (with the consent of Dr. Lamb), as worthy of your attention.

“AURORA, IND., January 6, 1876.

“DR. GEO. SUTTON—*Dear Sir:* At your request I with pleasure send you the notes of the following case:

“I was called on the evening of May 7, 1875, to visit Mr. John Keenan, aged forty-five; occupation, a stone-mason; habits intemperate; found him with right hip dislocated upward and backward, the head of the femur lying upon the dorsum of the ilium. The history of the case, as obtained afterwards, was that he had been to Taylorsville, Kentucky, opposite Delhi, Ohio; had been intoxicated, and had fallen off a high bank. On the afternoon of May 6th he had been picked up and laid in a stable, and remained there till the afternoon of the 7th, when he was put in a skiff and brought over the river to Delhi, placed in a car and brought to his home in Lochran, Ind. He had been all this time—about thirty hours—without any nourishment or any medical aid, or any attempt being made to reduce the dislocation. He was a spare-made, muscular man, and the soft parts around the injury were considerably swollen. With the assistance of my son, Dr. L. K. Lamb, I attempted the reduction by mani-

pulation. Failing in this, we made quite thorough extension and counter-extension; this also failed. We then took a sheet, and folded it up and rolled it into a pad about two and a half inches in diameter. We placed this in the groin, and had it held in place by a strong man taking hold of each end of it. I then flexed the leg upon the thigh, the thigh upon the abdomen, and brought the knee up toward the chin and to the left, to a point about opposite the ensiform cartilage. We then raised the foot slowly, the fulcrum still being in place, which had raised the head of the bone, and which also held it away from the ilium till it passed over the rim of the acetabulum; then by abducting the knee and rotating the foot slightly inward, the bone slipped into its place with a distinct snap.

"On account of the œdema, and from the time the bone had been displaced, I am very confident that without the aid of the fulcrum, as suggested by you, sir, we would have been compelled to use a dangerous amount of force in extension and counter-extension; and I am very doubtful whether we could have succeeded by such means at all. I take great pleasure in expressing my opinion that the use of the fulcrum, as brought before the profession by yourself, is a very valuable addition to the armamentarium of the surgeon.

"I am, sir, with true regard and professional esteem, yours,

"JAMES LAMB, M. D."

AURORA, IND.

FEVER.

BY H. C. WOOD, M. D.

In the February number of the *American Practitioner* is an article by Dr. N. S. Davis, which I have read with great pleasure, and which has suggested the writing of the present article. It is very curious how an unfortunate name will lead

to illogical thinking, and consequently to wrong acting. The word fever has two entirely distinct uses, and much incorrect conception, and even improper practice, has apparently been produced by the double meaning of the term. I tried in my Toner lecture to guard against this, but seemingly without avail. Fever is, in its primitive sense, the name of a condition or bodily state, but has come also to be applied to certain general pathological processes, of which this bodily state or condition usually, but not always, forms a part. Typhoid fever is one of these general processes or diseases. Fever may, or may not, be present in a case of typhoid fever. If present, it is no more the disease than it is the hectic fever of phthisis or consumption. It is simply a symptom, and a symptom which is not even an essential one. What is true of typhoid fever is true of all "the fevers," so called.

My lecture was written concerning the general condition fever. To my thinking, no one of any prominence in the profession believes that to reduce the temperature in one of the fevers, is to cure the disease. Certainly in my own writing I have had in my own mind, if it has not been made clear to others, that to relieve the bodily heat, in cases of typhoid or other fevers, is only to relieve a symptom. The point I have endeavored to make is that this symptom is dangerous, and that in many cases death is produced, not by the direct ravages of the disease, but by its secondary effects, *i. e.*, by the immediate effects of that elevation of temperature which the disease causes. If the excess of caloric is withdrawn, the general disease process is not arrested, but one of its most serious dangers is averted. Hemorrhage from the bowels is not typhoid fever, yet it is essential to the welfare of the patient that such bleeding, when present, be arrested. Fever and hemorrhage are, in other words, two symptoms of typhoid fever, either of which may kill, and both of which demand treatment.

The assertion that "the radical fault which vitiates all his [my] conclusions in reference to the pathology of fevers, is the assumption that bodily heat and fever are synonymous;

in other words, that one of the prominent symptoms of a disease is the essential part of the disease itself," is evidently based upon a misconception, being in its very terms a play upon the word fever. "Fevers" are diseases, but fever is not a disease, but a symptom, parallel to hemorrhage from the bowels, diarrhœa, etc.

Perhaps I have already iterated my idea to the weariness of the reader; but it seems difficult to get this fundamental truth clearly borne in mind; and, to my thinking, there is not a more important point in practical medicine. I would like to put alongside of this passage from Dr. Davis's article the following extract from the Toner lecture already alluded to: "A misunderstanding as to my meaning may possibly arise from the unfortunate double value or meaning that attaches to the word fever. It is hardly necessary to state that I am using the term in its abstract sense. In *a* fever the pulse-rate and the nervous disturbance, for instance, are dependent upon various circumstances; in fever, I expect to show that they are due simply to the elevation of temperature."

It matters very little what any one has thought or said, but it is of the greatest practical importance that the profession should have clear ideas upon this subject. Dr. Davis is undoubtedly correct in his belief that he who sees in typhoid fever only an elevation of temperature, sees but a fraction of the disease. But it is no less correct that he who does not perceive the grave dangers produced by such elevation of temperature, overlooks what is clinically the most important element of the disorder.

The use of cold in fever has got beyond the stage of surmise and speculation; its value is a demonstrated fact. It is said that one of the most prominent medical teachers in the country recently affirmed that the plan could not be used in private practice on account of the prejudice of patients. Having so employed it, I know that it can be used in private practice, and that the prejudice of patients can be overcome. He who neglects the plan to-day is almost as culpable as the surgeon who, shortly after the appearance of the works of

Ambrose Paré, refused to use the ligature. Just as certainly as unarrested hemorrhage will kill, just so certainly will neglected fever cases die in which the cold bath would have saved life. Cold will not cure typhoid fever, or *always* avert death, but it will, in many instances, save the patient.

PHILADELPHIA, PA.

OPHTHALMIA NEONATORUM.

BY A. G. CRAIG, M. D.

Formerly Resident Physician of Cincinnati Hospital.

Mr. Jabez Hogg, surgeon to the Royal Westminster Ophthalmic Hospital of London, in a recent article on purulent ophthalmia of infants, published in the Dublin Medical Press, and copied extensively in American medical journals, condemns in the strongest terms the use of nitrate of silver in this disease. He writes, "that solutions of nitrate of silver are now placed among the bygone therapeutical agents of the ophthalmic practitioner, in not only ophthalmia neonatorum, but in most other eye affections. For my part, I can not too severely denounce the mischievous treatment propounded by this gentleman (Dr. Derby), namely, that of daily applying a ten grain solution of the nitrate; and if this be found inefficient, then the stick of nitrate of silver of Von Gräfe, the *lapis mitigatus*, formed with twice the bulk of nitre to one of nitrate of silver." He goes on to say, "I beg to warn your readers against such a mode of treating this affection, as it will generally be found to lead to grave complications that always aggravate the disease and retard or prolong the cure."

Mr. Jabez Hogg regards ophthalmia neonatorum in a "vast proportion of cases as a catarrhal affection, requiring, if seen at the accession of the attack, the simplest remedies for its

cure, the most important among which is strict attention to cleanliness, and the constant removal of the discharge from the eyes by the gentlest means as soon as it is secreted. The application of warm water alone, and when the secretion is profuse, followed by a very mild astringent collyrium, composed of alum or a weak solution of the permanganate of potash, is all that we need apply." He goes on to say, "on the other hand, if by any chance the medical practitioner should be induced to resort to the application of strong lotions of nitrate of silver, or the more dangerous solid stick of *mitigated* destructives, we must expect to see, in the majority of cases, the delicate epithelial and corneal layers quickly removed, and followed by chemosis and granular lids, or ulceration and opacity, with prolapse of the iris, and ultimate loss of sight."

The treatment recommended by this distinguished oculist I do not think is sufficiently energetic; and I believe that in many cases of this affection treated with "warm water" and "mild astringent collyrium" alone, there would be great danger of "ulceration and opacity, with prolapse of the iris, and ultimate loss of sight." Nitrate of silver, in the treatment of conjunctivitis of new-born children, may be "placed among the bygone therapeutical agents" in England, but not in this country. I am satisfied that any practitioner who will give the nitrate of silver treatment a fair trial will resort to no other, as the result is very satisfactory, and the cases all get well, if the treatment is commenced before the cornea is injured and is faithfully carried out.

Mr. Jabez Hogg regards the ophthalmia of new-born infants as a "catarrhal affection." My experience teaches me that is a great mistake in a majority of cases. Cold is apparently sometimes an exciting cause, but I do not believe it will ever of itself produce the disease. This affection is rarely met with in private practice, but is very common among the new-born children of the poor who crowd our hospitals, many of whom have gonorrhœa or leucorrhœa. Puriform matter,

gonorrhœal or leucorrhœal, more commonly the former, during the transit of the head of the child through the vagina, finds its way into the eyes, and there is a direct specific inoculation.

In the treatment of ophthalmia neonatorum, I prefer a strong solution of nitrate of silver—one or two scruples to the ounce. Take the head of the child between your knees, face looking upward, and the body resting in the lap of an assistant. Then carefully evert the lids, which is not generally difficult, particularly if the child is crying. Wipe or wash the matter off of the lids, and then with a camel's hair brush apply the solution of nitrate of silver to the conjunctiva, until it begins to turn white, and then wash off the nitrate thoroughly with warm water, or what is better a warm solution of chloride of sodium, and let the lids down. Repeat once a day until suppuration has almost ceased, then apply to the inner surfaces of the lids a crayon of sulphate of copper. Drop into the eye, three or four times daily, a solution of sulphate of atropia and alum—one-half grain of former and two or three grains of latter to one ounce of distilled water. The eyes must be kept clean; however often attention may be called for, it must be rendered. In severe cases a syringe is requisite to insure the thorough removal of the secretion. The nozzle is to be carefully insinuated beneath the lid, and the injection made with gentle force. A little rose-water ointment may be applied to the edges of the lids to prevent adhesion during the night, and allow the discharges to come away more freely. The treatment should be continued until the granulations have entirely disappeared. Should the child be feeble when the disease declares itself, and if its mother is unable to give it a proper quantity and quality of milk, another nurse should be obtained.

GHENT, KY.

Reviews.

A Manual of General Pathology for the Use of Students and Practitioners of Medicine. By ERNST WAGNER, M. D., University of Leipzig. Translated by JOHN VAN DUYN, A. M., M. D., and E. C. SEGUIN, M. D. New York: William Wood & Co., 1876.

This work can not properly be called a "Manual." It is a large Treatise of more than seven hundred pages, with a wide range of subjects. The publishers have presented it in excellent style, and each one of the seven hundred and twenty-eight pages includes much subject-matter, somewhat compactly printed. The appearance of the work at this time is opportune, and will form a fitting companion to the "Ziemssen" series. It would be almost as easy to review the one as the other within the limits of this journal. Knowing the difficulties which the translators of such a work must encounter, we are not much inclined to criticise errors which may be found. These, we presume, will be corrected at a future time: there are not many of them.

The divisions of the work are four: 1. General Nosology; 2. General Ætiology; 3. General Pathological Anatomy and Physiology; 4. Pathology of the Blood.

The topics of chief interest in the first part are probably those of diagnosis, (1. diagnosis at a distance; 2. from anamnesis; 3. by objective investigation, with remarks upon each,) of the course of diseases and causes of death, etc.

Included in the second part are, "Causes, predisposing and exciting." 1. Internal causes, as sex, age, etc.; 2. External, including much the larger number, such as atmospheric influences, subdivided into eight classes, including atmospheric pressure and moisture; the soil, under which heading is a

succinct and satisfactory account of the relations of the underground water and the layers above or near the surface, to diseases, such as typhoid and cholera epidemic; the climate, the dwelling, etc.; finally closing the second part with a quite full consideration of "Parasites" as causes of disease, and "Contagions and Miasms."

The following important statement may be found under the latter section: "The infecting agent, the specific poison, is not certainly known in any contagious or miasmatic disease. Various theories have been brought forward concerning the nature of this poison. Of these the so-called parasitic theory has found almost universal acceptance. (?) It is, at least, the most probable. But investigations carried on for the last ten years are, in spite of the declarations of observers, not yet so far removed from doubt, that the assumption of a so-called 'contagium animatum' can be regarded as assured."

Part third, "General Pathological Anatomy and Physiology," includes a very important range of subjects, treated with great fullness and annotated, as indeed the whole book is, extensively. It may be said that the method of exposition of his subjects gives the impression of a want of system and dogmatic teaching, which unfits the book somewhat for the student. He would be apt to arise from the reading of the book with a feeling of uncertainty as to professional opinion upon many subjects. The study of the book, however, would tend to remove largely any such impression, and convince him of the great activity of medical work in all the departments of medicine.

It needs only a glance to see abundant promise of interest in the subjects treated of in this part, to the elucidation of which great labor has been expended. The point of interest is that much-treated-of subject, "Inflammation." There is very much here which might be transferred to these pages, in order to show the author's treatment of, and views on, this important matter. We can only indicate his subdivisions of the four principal phenomena of inflammation: 1. Hyperæmia; 2. Exudation, "the most important part of the processes

of inflammation," and exposed in every possible aspect; 3. New formation of tissues; 4. Retrogression or Degeneration.

With reference to the origin of pus, the author gives his opinion as follows: "The pus corpuscles are all, or by far the greater portion of them, in vascular as well as in non-vascular tissues, emigrated white blood corpuscles; a small portion have, perhaps, a different origin."

Following, we have the "General Disturbances of Nutrition," a more practical department than the preceding, inasmuch as we have before us the various forms of imperfect nutrition, degenerations, etc., and also the varieties of new formations, tumors, etc. His description of "tubercle" and "cancer," will be found very satisfactory.

The chapter on "Tubercle" might be taken as one showing the special manner of treatment of all the more important subjects. A bibliography is first given, which is large, without pretending to give all possible references. It includes the periods 1810—Bayle's book—and 1872, Buhl's "*Lungen-entzündung*," etc. Six lines of historical remark follow below; and then is given his definition of tubercle, a part of which is that "it consists especially of nuclei, small and large, in different cells and giant cells—all imbedded in a reticular tissue," etc. About fifteen pages are devoted to this subject.

The "general pathology" of "Inanition," forms an interesting section, bringing out many points of contact of that condition with anæmia, the effects of different kinds of food and fever.

We open a page and find "Suffocation" treated of under a variety of headings—septicæmia, pyæmia, etc.; and then an almost exhaustive review of "fever," as it stands in the present view of the profession. Naturally and properly he devotes much space to the subject as handled by the Germans, but he does not include the full French and American views. There is enough here for a labored review and for some criticism. Any one who buys the book will find ample evidence of that enormous professional work which has sprung from the demonstrative capacity of that useful instrument, the

thermometer. We might interpose, at this point, a protest against the truth of the claim made by the translator, that he and Dr. William H. Draper were the first in this country to make systematic use of the thermometer. If the dates given be correct, we think this reviewer can antedate them; at any rate, he published the first article on the use of the thermometer west of the Alleghanies. He regrets now that he can not show the ponderous box of the "Aitken" instruments, which he shouldered in the service at the old St. John's Hospital in Cincinnati.

There is a fitness in a summing up on the subject of fever towards the close of such a work as this.

"Marasmus" is the next article; and finally the "Hemorrhagic Diathesis" closes a work which is full of interest from beginning to end. The profession is certainly indebted to the industrious translators. The reader is likewise under obligation to the publishers for good paper, clear print, and easy handling of the book.

The Medical Jurisprudence of Insanity. By J. H. BALFOUR BROWNE, Esq., of the Middle Temple and Midland Circuit, Barrister at Law, Registrar to the Railway Commissioners, Author of the "Law of Carrier," "The Principles of the Law of Rating," "The Law of Usages and Customs," "Responsibility and Disease," etc. Second Edition. With reference to the Scotch and American decisions. Philadelphia: Lindsay & Blakiston, 1876.

Both the medical and legal professions are placed under obligations of great weight to the author for this second edition of his *Medical Jurisprudence of Insanity*. No author that we have read on the subject treats it so fully, so pleasingly, and so thoroughly as Mr. Browne. As compared with the treatise of Dr Ray, it has many advantages, and but few and slight disadvantages. Among the latter will be regarded by men of severely scientific culture and taste, its

popular, easy, and at times ornate and even poetical style, and its occasional introduction of the light thrown upon the questions discussed by popular opinion. It is, however, in the consideration of this outside element that the author himself appears to the best advantage, both as a writer and as a man. Here he enlists our sympathy as a reformer, even more than as the author of a mere scientific treatise. His statement of the questions involved in his subject, is always clear and exact; and his treatment of every topic learned and lucid. In fact, we have read no author who throws so much of himself into his book; and yet he does it in no offensive, egotistical sense, but so as to lend a peculiar charm and interest to every page. It is more readable, and brings the learning of the subject more nearly down to the present time, than any other book that we have seen. It contains references to the latest American and Scotch decisions; and, so far as we have had an opportunity to compare his statement of their doctrines with the cases cited, he has apprehended and stated them clearly and correctly. The freedom of the style and copiousness of illustration make it seem rather more like the work of a lawyer than of a medical man, as it really is. This fact, too, will make it a favorite rather with the legal than the medical profession. Nevertheless, the latter may study it with advantage, if for no other reason than to ascertain how lawyers think on a subject common to both professions. Some knowledge on this subject, as observation has taught us, is frequently of importance to medical men on the witness stand. The book under review will do much to bring the two professions more nearly together; and accepting, as it does, many of the advance doctrines of physiology, and discussing them all, will, if it shall be well received and encouraged, tend to secure their ultimate acceptance by the legislature of every civilized country. It is true that the author is occasionally odd and crotchety both in thought and style; and assails with fierce zeal doctrines that medicine has established and long accepted. Of this class is the remark that, "we are of opinion that only on very rare occasions

should moral insanity stand between the individual and the consequences of his criminal acts; for it seems to us certain that punishment is in most cases one of the means of cure, and that moral maniacs may be restrained from criminal acts by an adequate system of moral discipline." Sec. 159. Now, space will not allow us fully to consider and expose the confusion and error embodied in this sentence. It is not admitted nor admissible, under any existing or ideal civilized code, as a proper basis of legislation; for while we may admit and enforce moral discipline for the restraint of the morally insane, every sentiment of humanity revolts at the idea of inflicting punishment upon them, in the sense in which that term is applied to the criminal classes. We are aware that the notion expressed in the text has its advocates in the United States. Dr. Hammond, in a short treatise entitled "Insanity in its relations to crime," has maintained the same notion. But the confusion of ideas which characterizes that entire work, is likely to prevent it from becoming a means to inflict much injury on the learned opinion of America. It has been our hope at some time to review the whole doctrine, in its relation both to actual and ideal legislation, and expose its sophistry and confusion.

The subjects of Mr. Browne's treatise are thus arranged: "Insanity—capacity and responsibility;" "On the causes of insanity;" "Mental unsoundness and classifications of insanity;" "Amentia;" "The legal relations of amentia;" "Mania;" "The legal relations of mania;" "Moral mania;" "Partial moral mania, or moral monomania;" "The legal relations of moral mania;" "Melancholia;" "Dementia;" "Epilepsia," etc.; "Somnambulism;" "Drunkenness," etc.; "Aphasia and aphonia;" "Delirium;" "Lucid intervals;" "Feigned insanity;" "Concealed insanity;" "Admissibility of the evidence of the insane;" "Examination of persons supposed to be insane;" "Medical experts;" and "Proof of insanity." Under these heads, variously distributed, the learning and speculations of the book will be found; and there is much of both that will well repay the careful and

intelligent reader. But it is not a book to be read without close attention and discrimination; for if so read, there is great danger that its author's speculations may mislead the reader.

It is elegantly printed, on fine smooth paper; and in every respect, so far as its material setting forth is concerned, well worthy the acceptance of the profession, and of the high character of the publishing house that sends it forth.

On the Nature of the Gouty Vice—Its Manifestations and Treatment.

By W. H. DRAPER, M. D., Physician to the Roosevelt Hospital, and Clinical Professor of Dermatology in the College of Physicians and Surgeons, New York.

This, the twelfth of the monthly series of clinical lectures, edited by E. C. Seguin, M. D., and published by G. P. Putnam's Sons, New York, admirably supports the reputation which its predecessors have given this valuable collection.

Viewing the gouty diathesis as a common provocation of certain skin diseases, he tersely reviews its causes, and finds its *fons et origo* in the faulty assimilation and transformation of food—a deficient oxidation of its nitrogenous or albuminous elements. What is not utilized by the system in the renewal of tissue or the production of vital energy, in the form of heat or mechanical force, should be normally converted into the soluble urea, which is easy of excretion; but the gouty vice causes the checking of this oxidation at a lower degree of perfection, and the result instead is lithic or uric acid, which is only sparingly soluble, and which, combining with alkaline bases, principally soda, locates in the tissues, causing mechanical irritation, and is eliminated in excess by the kidneys.

Lithæmia is a name well adapted to express this condition. Dr. Draper, after Murchison, makes the liver responsible for

the complete formation of urea, and considers lithæmia to be a result of an imperfect performance of this function.

This constitutional vice may be inherited or it may be acquired. The necessary conditions in the latter case are, first, the ingestion of an excessive quantity of animal or vegetable albuminous food; and, second, a deficient supply of oxygen. Either of these will, long continued, produce the *undesired* effect; often both combine in the causation. Accordingly mal-nutrition may occur and gout arise in the crowded hovels of the poor as well as in the luxurious homes of the rich. Suboxidation may, however, be due to other sources of disturbed nutrition.

Associated as symptoms of the existence of the gouty vice are dyspepsia, vesical irritability, abnormally acid urine, loaded with an excess of salts, principally urates, neuralgia, local congestions, particularly in the fibrous tissues, the small joints being a favorite seat, often followed by deposits of urate of soda; morbid changes in the skin and mucous membranes, in great number; quinsy; granular degeneration of the kidneys; cirrhosis of the liver, and atheromata of the arteries. These various conditions Dr. Draper considers fully in their relations to gout. His system of diagnosis is that of a thorough investigator. As regards the treatment of the constitutional vice he recommends the alkalis as superior to acids in their power of assisting oxidation, iron as a promoter of oxygenation of the blood, proper attention to the eliminating organs, pure air and exercise. Moreover, in regard to diet, for those of comfortable, sedentary habits, he suggests nitrogenous food, with a minimum of carbonaceous aliment; for muscle users and those requiring a large production of heat, carbonaceous food mainly. The details and *rationale* of these suggestions are fully and admirably given.

J. G. R.

Clinic of the Month.

SYPHILITIC DEGENERATION OF THE SUBLINGUAL GLAND.—The following paper was read before the Surgical Society of Paris by Alfred Fournier, M. D.—Translated from the *Annales de Dermatologie et de Syphiligraphie* by James Nevins Hyde, M. D.

I have thought it proper to call the attention of the Society to the following details of a case of syphilitic degeneration of the sublingual gland, not only on account of its rarity, but also because it is the only case of the kind that I have ever had the opportunity of observing:

Mr. X., one of the patients who habitually consult me, thirty years old, came to ask my advice on the 27th of October, 1873, respecting a peculiar affection of the mouth. He stated that for a fortnight he had experienced a certain degree of difficulty in speaking and in swallowing. Quite recently, when introducing his finger into his mouth in order to ascertain the cause of the trouble, he had discovered beneath the tongue on the right side, the existence of "something hard, which had certainly increased in size for a few days past, without, however, producing the slightest pain." In point of fact, while he was narrating this circumstance, I had observed that there was a noticeable difficulty in his pronunciation of certain words. He spoke as if there was a foreign body in his mouth. Interference with deglutition was much less marked than this. It was exhibited merely in a species of embarrassment—a sort of twitching when the alimentary bolus was clear of the isthmus of the fauces. He had no other local or general disturbance. All his functions were properly performed, and his health was perfect.

In making a local examination, I discovered a slight antero-posterior enlargement in the right sublingual fossa. The tumor which lay there was readily perceived and defined by the finger. It was situated beneath the mucous membrane of the floor of the mouth, which was otherwise in no respect affected. The swelling was ovoid and oblong, quite comparable, in volume and shape, to a medium-sized date. In location and direction, it corresponded precisely to the sublingual gland, and I did not doubt for a moment that that body was enlarged and in some manner affected. For, in the first place, it was situated beneath the tongue, laterally; and then again, it was closer to the tongue than to the maxilla; it was also lying with its long axis directed from before backward, and from within outward. Its anterior extremity was slightly rounded and swollen, while the posterior was more slender and tapering, and extended to the remote portion of the buccal floor. It measured, consequently, about four centimeters in length and one in breadth, at the point where it had obtained its maximum development. To the touch, it was firm, resisting, and hard, sufficiently so to produce the sensation of a solid neoplasm, and to exclude the hypothesis of an encysted liquid. Its limits were clearly defined, while the surrounding tissues were absolutely unaffected. It was, finally, completely indolent, both upon palpation and pressure.

I found no little difficulty in making a diagnosis of this tumor. Upon reflection, however, it was clear that the possible hypotheses in such a case were restricted to a few. A simple phlegmon was not supposable, in view of the absence of all inflammatory phenomena. The clearly solid consistence of the tumor forbade the supposition that it was of a cystic character. There remained only the solid neoplasms. It seemed to me impossible to conclude that it was cancerous, having in remembrance the age of the patient and the exceedingly rapid development of the lesion. Could it be an adenoid growth? While I was debating these questions in my mind, it occurred to me that my patient was formerly syphilitic, and I asked myself if syphilis might not have been

the root of the difficulty, and the glandular tumefaction one of those tertiary infiltrations such as we occasionally observe in the submaxillary gland and the pancreas.

There was no question as to the syphilitic antecedents of the patient. Eleven years before (in July, 1862,) I had treated him for three small syphilitic chancres of the sulcus, behind the corona glandis, accompanied by well-marked inguinal adenopathy. Five months later, various mild secondary symptoms occurred—discrete papular syphilides, crusts in the hairy scalp, opaline patches upon the fauces. The specific treatment which at that time intervened had prevented any further manifestation of the disease. But, in reality, this treatment had not been prolonged in a satisfactory manner. The patient was, therefore, eleven years after infection, in that stage of the disease when the diathesis is frequently declared by disturbances of the viscera. It was, consequently, by no means impossible that the existing lesion of the gland was a tertiary syphilitic phenomenon. With this idea, and I may add, in this hope, I determined to try specific treatment, and hence prescribed a syrup of the iodide of potassium, (twenty-five grains of the iodide to five hundred of the syrup of bitter orange peel), in teaspoonful doses, increasing the number of these doses from three to five daily.

The influence of this medication was both immediate and surprising, as can be readily seen from the notes taken at each visit of the patient, which I transcribe literally:

"October 30. (Three days after the commencement of treatment.) Marked amelioration. The tumor seems to be smaller; at all events, the patient speaks and eats more readily.

"November 3. Notable diminution in tumor; it is certainly one fourth less.

"November 12. The tumor is one-half its former size. The disturbances in the functions of mastication and speech have disappeared entirely.

"November 24. The tumor, which originally was as large as a medium-sized date, is now not greater than a date-stone.

"December 3. The diminution continues.

"December 11. There is only a remaining filiform induration, about two centimeters in length and one in width.

"January, 1874. The sublingual induration is scarcely perceptible. Its entire disappearance occurred during the next few weeks. From that time to the present the cure has been complete."

This immediate and rapid resolution under the influence of the iodide of potassium seems to me to leave scarcely any doubt as to the specific nature of this lesion.

From the clinical details related above, and especially from a consideration of the results of specific treatment, I think it justifiable to consider the case as one of *tertiary degeneration of the sublingual gland*. Holding this opinion, I thought it might be of interest to my associates, and have, therefore, called their attention to it.

I may add, in indirect confirmation of the views here expressed, that soon after the occurrence described, my patient had two new manifestations of a specific taint, viz., in December of 1873, a tuberculated papule on the glans penis; and in November of 1874, a development of palmar and plantar psoriasis, which, it is well known, is exceedingly late of occurrence in those syphilitic cases which have received from the outset insufficient treatment. Do not these two explosions of the diathesis, following, after a brief delay, the occurrence of the sublingual tumor, afford a basis for a reasonable probability in favor of the specific character of the last named lesion?

A final question suggests itself. Admitting that it is quite possible the case reported is one of syphilitic degeneration of the sublingual gland, what was the nature of that degeneration? Was it a simple hyperplasia, consisting of proliferation of the connective tissue analogous to that which constitutes the ordinary form of syphilitic sarcocele? or, indeed, was it an instance of gummy infiltration? The clinical facts supplied by this case, as can be readily seen, are not such as warrant me in expressing an opinion on this subject. Besides, this is a secondary question, and the essential point—the sole

one, in fact, which I had in view in making this communication—is to establish clinically the fact that *certain tumors of the sublingual gland may result from syphilis*. To this fact, then, is attached a distinct practical interest, since, if such morbid conditions should be misunderstood, the syphilitic degenerations of the sublingual gland might occasion errors of diagnosis with unfortunate results.

THE TREATMENT OF SLEEPLESSNESS.—Dr. J. Milner Fothergill, in the conclusion of a paper, Practitioner, February, 1876, upon Causes and Treatment of Sleeplessness, makes the following observations on the latter topic:

Having thus reviewed the different forms of sleeplessness, except perhaps that of acute mania, which scarcely comes within the sphere of this article, something may now be said about the chief forms of hypnotics in common use. They can not be discussed at length; such treatment of the subject would be out of place here: the chief indications only can be given.

To take opium first. Its use is rather indicated in conditions of insomnia which take their origin in pain. When there is vascular excitement present, it is desirable to combine with it direct depressants of the circulation, as aconite or antimony. The subsequent cerebral anæmia induced by the resort to opium is not so pronounced as is that induced by chloral.

Hyoscyamus takes its place alongside of opium, and may be resorted to in cases where opium or morphia disagrees, as in cases of chronic renal disease. For these last class of patients the tincture of hop is often very serviceable, though now rarely prescribed; it is a very satisfactory agent in such cases.

Hydrate of chloral is comparatively valueless in sleeplessness due to pain, and is inferior, in this respect, it is said, to the croton-chloral-hydrate. It is, however, very useful in conditions of vascular excitement, either alone, or in combination with opium. In the delirium of acute pyrexia in chil-

dren it may be usefully combined with the bromide of potassium. In cases of sleeplessness where there is a sustained high blood-pressure, or where there is distinct pyrexia, chloral hydrate is the hypnotic *par excellence*. It is, however, decidedly to be avoided in cases where the inability to sleep is due to worry and to brain exhaustion. In such cases, as in melancholia, the cerebral anæmia which follows its use is most objectionable and mischievous. It amounts to "brain-starvation," in fact, and the persons so affected are reduced to a pitiable condition. The persistent resort to chloral hydrate is most disastrous in its consequences, and the temporary relief afforded by it is not to be set against its after-effects.

Bromide of potassium has a decidedly sedative effect upon the brain cells; and the cerebral anæmia produced by its administration is rather due to its sedative action upon the cerebral cells by which they attract less blood to themselves, than to its effects upon the circulation; though doubtless to some extent it does diminish the activity of the heart. Its special advantage lies in its utility, where cerebral activity is kept up by far away peripheral irritation, especially when that irritation lies in the pelvic viscera. It may be given alone, or with opium, or with chloral, according to circumstances; and may often be usefully combined with hyoscyamus in cases where opium is contra-indicated. Its constant use, however, leads to diminished brain activity, and to intellectual lethargy.

Chloroform is a most potent agent, and is rarely resorted to as a hypnotic until other means of attaining the desired end have failed. The dangers attendant upon its use are so great that it is only resorted to in dire necessity. It is, however, occasionally used as a narcotic by the profession, but more frequently by persons upon their own responsibility. This chiefly occurs in those subject to sudden and unendurable pain, when nothing but the narcosis of chloroform would be effective. Probably indeed in these cases, all other and less objectionable means of attaining relief have been tried and have failed. According to Claude Bernard, by combin-

ing opium, or rather morphia, with chloroform, the sensory nerves and centers are affected ere the intelligence and the motor powers are much influenced. But with chloroform alone all are equally and alike affected. The danger of chloroform inhalation lies chiefly in the risk of an overdose being taken; as unconsciousness creeps on the motor power is involved, and then the amount taken may be, and too often is, far beyond what was intended. In another communication in this number of the Practitioner will be found some account of a most ingenious apparatus, by which the supply of chloroform is cut off as soon as the motor power is impaired. If resort to chloroform inhalation can not be avoided by certain sufferers, surely it is not objectionable from any point of view that the dangers attendant thereupon be reduced to a minimum.

There is another hypnotic agent of undoubted potency, which can not be overlooked in the present inquiry, and that is—alcohol. If there be any use of alcohol that is free from objection it is its use as a narcotic in certain conditions. With many persons a dose of alcohol at bed-time is the very best nightcap they could possibly resort to. The cases best adapted to its use are those where there is mental worry and anxiety. In such states the first effect of alcohol in removing gloom and substituting pleasing sensations for unpleasant thoughts is eminently useful. A series of pleasant mental images are brought up on the mental horizon by its means, in place of the *triste* and sombre subjects which before its use occupied the foreground of the consciousness; and with such agreeable objects uppermost, the secondary effects come on, and the patient is wrapped in a refreshing renovating sleep. Probably the evil after-effects of alcohol so used, are less than those of any other agent which would achieve the same end. Unfortunately, however, commonly the very persons for whom alcohol would form the best hypnotic are those most opposed to its use; and where a full dose of alcohol would constitute the best remedy that could be resorted to, prejudice prevents its employment.

So much for the ordinary narcotic agents in common use. Over and above these are some other means of ensuring sleep, which are not contained in the pharmacopœia. Nor are these measures of little avail; they might be more commonly resorted to with advantage.

The first of these is bodily exercise, especially out of doors. Many cases of sleeplessness, as our common experience tells us, are due to this cause. With a number of individuals the omission of their wonted walk is followed by a restless and uneasy night. In such cases it would seem that very probably there are a number of motor centers in the cerebral convolutions which are still in a state of high tension, highly charged and unrelieved by discharges. It is not difficult to conceive that under such circumstances there should be such activity remaining undischarged as shall seriously interfere with the quiescence of those centers which have not only been relieved by discharges, but which are in that state of irritability which is the forerunner of exhaustion. Muscular exertion would relieve this condition of matters, and so would tend to the induction of sleep; not only that, but, according to Preyer, the products of muscular exertion are directly hypnotic in their action.* If such a view should be substantiated, then muscular activity will take a decided position in the ranks of the means by which sleep may be secured.

In addition to these measures already enumerated, there are the mental means of attaining repose. Just as worry, excitement, whether of a pleasant or of a disagreeable nature, anxiety and other mental conditions do away with and destroy sleep, so physical quiescence tends to establish it. Different individuals seek this quietude in various ways and by varied measures. Thus in many families it is customary to abstract the mind from the distracting affairs of life by music; and

* Preyer, *Centralblatt d. Med. Wissenschaften*, No. 35, 1875, has found that lactate of soda injected subcutaneously, or injected in large quantities, into an empty stomach, causes sleep, and that highly concentrated sugar solutions, or other substances which may give rise to the formation of lactic acid in the stomach or intestines, also produce sleep.

such diversion of the thought is commonly productive of a mental condition highly favorable to sleep. With others again, whose minds are cast in a sterner mould, family and private devotion advantageously occupy the close of each day. With them there is that putting away of earthly subjects, that communing with their Creator, and that casting of their cares upon Him, under whose protection they sleep in confidence, which "gives that peace the world can not give;" and so, comforted and sustained, they fall asleep under circumstances where otherwise no slumber could be attained. Such diversion of the mind, at the close of each day, can not be too highly commended from a physiological point of view. Whether persons or families make their selection on higher or lower grounds, this is not the place to discuss their choice.

Many contrivances to secure sleep have been devised which act through the mind. Of these the counting of sheep rushing through a gateway, or of their leaping from a height in single consecutive order; or the mental repetition of numerals; or of x, y, z , are the most common; when there is simple want of consentaneity in the different cerebral centers, or a certain amount of mental activity remaining unused up, such plan may be successful in inducing sleep. But sleeplessness is very often a much too serious matter for any such means to be efficacious, and its successful treatment usually entails some physiological knowledge of the nature of sleep, as well as a wide and comprehensive grasp of the different factors in each case and of the means of meeting and combating them.

TREATMENT OF CEREBRAL SYPHILIS.—Dr. H. C. Wood, in a very interesting lecture upon cerebral syphilis, Philadelphia Medical Times, says: The treatment of chronic cerebral syphilis is essentially a simple one. It has been considered to consist simply in the free exhibition of the iodide of potassium, and in the majority of instances this is true. In giving the iodide it should be remembered that syphilitic patients bear it in enormous doses; that in many cases it seems to be both food and drink to them, the nourisher of

physical well-being and moral restoration; that often, like the bromide in epilepsy, it is necessary for the patient to take it persistently for months and even years,—even long after the disappearance of all symptoms. After trials of various methods, it seems to me that its exhibition in simple water or in infusion of chamomile affords the best method of giving it. Compound syrup of sarsaparilla certainly covers its taste better than anything I have tried, but is apt to sicken the stomach. In regard to the dose, there is rarely any use in giving less than a drachm a day, and frequently a drachm and a half, and even two or three drachms, are well borne. My rule is to commence with fifteen grains four times a day, and rapidly increase the dose until symptoms of iodism are induced, or a daily amount of at least two drachms reached.

I wish here to call your attention to the use of mercury in the disorder. I am convinced that it has come to be too much the custom to rely upon the iodide. When there is no cachexia, and therefore no contra-indication to mercury, it acts more quickly, and even more effectually, than the iodide, and in many cases the only objection to its use is prejudice.

I have seen a syphilitic epilepsy which had resisted the most heroic doses of the iodide, disappear like magic before a mild ptyalism. I usually employ the blue mass properly guarded with opium as one of the mildest, and at the same time most efficient, of the preparations; but it does not make much difference which form is selected; only remember this: Give the mercury boldly and persistently until ptyalism is induced, but give it cautiously; watch the mouth, and the moment the gums become the least sore, reduce the dose, but do not withdraw the remedy altogether; keep the mouth a little sore for some days or weeks, as may be necessary.

In regard to the use of counter-irritants, I have not employed them to any extent in chronic cerebral syphilis. They may be of value, especially in cases of meningitis, but they are very annoying, and in most cases you can get along without them.

DIFFERENTIAL DIAGNOSIS OF CROUP AND DIPHTHERIA.—Dr. J. Solis Cohen, Medical Record, presents the following differences between croup and diphtheria:

CROUP.	DIPHTHERIA.
Non-specific in origin.	Specific in origin.
Never contagious.	Often contagious.
Not inoculable.	Inoculable.
Not of adynamic type.	Of adynamic type.
Usually sporadic.	Usually endemic or epidemic.
Rarely attacks adults.	Often attacks adults.
Always accompanied by exudation.	Sometimes unaccompanied by exudation.
Fatal only by physical obstruction to respiration, whether directly or indirectly.	Often fatal without any physical obstruction to respiration whatever.
No depression of heart.	Marked depression of heart.
Pulse often strong and hard.	Pulse never strong and hard, even though quick and full.
Respiration more accelerated in proportion to the pulse; ratio rarely, if ever, less than one to four.	Respiration not accelerated in proportion to the pulse; ratio usually less than one to four.
Albumen rarely in urine.	Albumen often in urine.
Not followed by paralysis.	Often followed by paralysis.
Would bear antiphlogistics.	Would not bear antiphlogistics.
Rarely attacks more than once.	Often attacks more than once.

In addition to this, it may be mentioned that diphtheria, unlike croup, has never been thought due to excessive plasticity of the blood.

THE LOSS OF FUNCTION OF THE FEMALE URETHRA, AND THE CONSTRUCTION OF A NEW ONE OVER THE SYMPHYSIS.—Dr. Rutenburg, of Strasburg, (*Wiener Med Woch.*, 37, 1875), after enumerating the various operations practiced by Simon, Hegar, Baker Brown, Emmet and others, to close the urethra in desperate cases of urethro-vaginal fistula, with greater or lesser loss of substance, and the devices employed to enable the patients to retain the urine in incurable incontinence from

paralysis of the sphincter, irreparable injuries and loss of muscular fibres, and referring to the amount of distention which the female urethra will endure, and the ready restoration of its power after years of inactivity, says that there are still cases in which none of these measures will be effectual, and in which the patients appear doomed to go to their graves without relief. For such cases, R., acting on the observation that patients with fistulæ near the vesical neck able to retain their urine for several hours while lying down, and have no retention whatever while standing, and patients with fistulæ near the mouths of the ureters present exactly the reverse condition, proposes to make an abdomino-vesical fistula immediately above the symphysis. After this has been done, a sufficiently capacious cavity will have been found for the urine, which can either be voided every few hours by bending the body forward, or by means of a catheter, best an elastic catheter acting as a syphon. The danger attending the formation of such an abdomino-vesical fistula is very slight, for the peritoneum can easily be avoided by keeping close to the symphysis. The injurious consequences following stagnation of urine at the bottom of the bladder can be avoided by occasionally washing out the bladder with warm water. The constant wearing over the fistula of a pad, attached like a truss, will give the patient almost complete control of the artificial opening, and will be much more efficacious and less likely to be displaced than the vulvar or vaginal pads hitherto used to close the non-retaining normal or artificial urethra.

INFLUENCE OF SEXUAL RELATIONS UPON HEALTH.—Dr. Southey, in his Lectures upon Individual Hygiene, observes, *Lancet*, March 4:

I have little time, and still less inclination, to discuss the influence of sexual relations upon the individual health; the sources of information are so meagre and the apparent results are so exactly what might have been anticipated. M. Bertillon, in a communication to the Académie de Paris, made November 14, 1871, has traced with a very able pen the

influence of the married state upon the duration of life and the prevalence of mental disease and of crime.

He arrives at the following results: That very early marriages—those of males under twenty years—tend to weaken the individual and greatly to increase the percentage death-rate; for example, from a total of eight thousand men whose mortality unmarried, under twenty years of age, scarcely averaged seven per one thousand, the rise is to a mortality of fifty per one thousand, these young married men between eighteen and twenty tending, therefore, to die at the same rate as those whose ages ranged between sixty-five and seventy.

Marriage, again, appears injurious to the lives of women when this state is undertaken at any age earlier than twenty-five years. The following facts, tabulated from M. Bertillon's statistics, may be left, however, to tell their own tale:

Age from twenty-five to thirty.

MALES.		FEMALES.	
Married,	6 deaths per 1000.	Married,	10.5 deaths per 1000.
Celibates, 10	" "	Spinsters, 11	" "
Widowers, 22	" "	Widows, 17.5	" "

Age from thirty to thirty-five.

MALES.		FEMALES.	
Married,	7 deaths per 1000.	Married,	9 deaths per 1000.
Celibates, 11	" "	Spinsters, 11	" "
Widowers, 19	" "	Widows, 17	" "

Age from thirty-five to forty.

MALES.		FEMALES.	
Married,	7.5 deaths per 1000.	Married,	Not detailed.
Celibates, 13	" "		
Widowers, 17.5	" "		

The table is not so complete as we could desire. Further details appeared to show that from thirty-five to fifty of the wives presented a steadily diminishing mortality below that which befell the spinsters and widows, but that the effect of celibacy upon women was much less dismal than upon men. After forty-five the mothers of families enjoyed a greatly diminished death-rate as compared with the spinsters and widows.

FRACTURE OF THE COSTAL CARTILAGES.—Dr. Edward H. Bennett, in an article upon this subject, *Dublin Journal of Medical Science*, March, 1876, presents the following conclusions:

1. That fractures of the costal cartilages may be arranged in three groups—the first containing recent fractures, which are consequences of grave injuries of the chest, and mere results of fractures of the sternum or ribs; the second, united fractures caused by limited direct violence; the third, fractures the result of muscular action.

2. That the degeneration of the cartilages which precedes their ossification—the cleavage of the hyaline substance—may be regarded not only as a cause predisposing to fracture, but also a cause determining its direction, which, in the great majority of cases, is transverse.

3. That oblique fractures are possible, chiefly as secondary injuries.

4. That the callus in these fractures is developed as in bone, the broken cartilage participating in its development.

5. That the difference between the modes of union in bone and cartilage fractures consists, in the case of overlapping fractures, in the more limited development of callus in the cartilage fractures, and, in all forms of fracture, in the slowness with which the process of union would appear to be completed.

TREATMENT OF PITYRIASIS CAPITIS.—*Le Courier Medical* publishes a paper, read by Dr. L. Martineau before the Société de Thérapeutique, on the use of chloral as a local application to pityriasis capitis, in which he states, as the result of a large experience, that it is a very efficacious, if not certain means of treatment in this rebellious affection. The solution he used was of the strength of about forty grains to each ounce of water, and this he applied to the scalp each morning by means of a sponge, using slight friction, and allowing it to dry. If the disease is recent, and the lotion is uninterruptedly used for a month he predicts a certain cure.

Notes and Queries.

INFREQUENCY OF HEART'S ACTION.—Dr. H. K. Pusey, of Garnettsville, Ky., sends us the following communication :

EDS. AMERICAN PRACTITIONER:—Before I read Dr. Flint's paper on "functional disorders of the heart, characterized by infrequency of action," I had written to you an inquiry with regard to this class of cases, several of which have come under my observation during the last two years. All the cases having occurred in miasmatic districts and in patients laboring under malarial fever, I attributed the infrequency of the pulse to some unusual impression of the miasmatic poison upon the organic system of nerves. Two cases, of which I made notes, constitute a type of about eight cases that I have seen.

Case I. Mr. S. P. S., a robust man aged sixty-five, was attacked on the 7th of July, 1875, with violent cholera morbus. I found him puking, purging and cramping in the muscles of the abdomen and extremities; pulse 90, skin warm and dry. These symptoms yielded to calomel, opium and quinia. On the morning of 8th found he had rested well; no alteration in the pulse had been noticed. On raising him in bed he was seized with a feeling of suffocation and faintness. I saw him in thirty minutes; pulse, 36 per minute and extremely feeble; surface pallid but warm. He could only talk enough to say that he was smothering; had taken brandy, carb. ammonia and valerian. After a moment's consultation with Dr. J. C. Lewis, it was determined to try blood-letting from the arm, with a view of unloading the heart and larger vessels. The blood flowed slowly at first, but increased to a good stream, pulse increasing in volume and frequency to 42 beats on the

abstraction of eight ounces of blood. The relief from immediate distress was so marked that the patient called to me, as I left the room, saying, "Doctor, bleed any sick man you shall see to-day."

On the following day similar prostration followed an effort to raise up in the bed. After this he was not allowed to raise from his pillow. The pulse, from this time to the 12th of August, never went above 50, usually from 36 to 42 beats per minute; sometimes intermitting with every third beat, but without affecting the frequency. The radial beats corresponded with the heart sounds and the pulse in the carotids. In the meantime the patient underwent a regular attack of malarial fever, presenting the usual symptoms—dry, furred tongue, irritable stomach, disordered bowels, dry skin and small increase of temperature.

The treatment consisted of quinia, brandy, ammonia and nutritious diet. As the febrile symptoms subsided, the pulse assumed its normal standard. His health is fully restored, the heart's action all right, and he has had no return of the trouble.

Case II. John N., aged twenty-six, a stout farmer; has had previous good health and constitution. He was attacked on the 8th of November with pneumonia of the right lung. I saw him first on the morning of the 9th; pulse 96, temperature 102, respirations 32; no cough nor sputa; severe pain in the shoulder and right chest; dullness on percussion; the tongue furred and brown; complains of aching of his bones and occasional rigors. Gave quinia and Dover's powder, ten grains of each, with twelve drops fluid extract of gelsemium, every four hours; applied dry cups.

10th. Pulse, temperature and respiration the same as yesterday; cough and profuse brick-dust sputa. Continued the quinia and Dover's powder, five grains each every four hours; continued the gelsemium.

11th. Pulse 90, temperature 99, respirations 28; cough and sputa lessening; dullness disappearing.

12th. Pulse 90, respiration 28, temperature 101½; tongue

dry and brown; skin moist and sweating; discontinued gelseminum; continued quinia and Dover's powder; gave brandy, paregoric and flaxseed tea.

On the morning of the 13th, I found his pulse beating thirty to the minute, with sufficient volume; radial pulse and heart sounds corresponding; respiration 24, temperature $97\frac{1}{2}$; skin bathed with cold sweat; brain sluggish, but conscious when aroused; gave him carb. and bromide ammonia, brandy, beef essence, quinia and opium, with but little effect upon the pulse—this rising sometimes to 36, soon to fall back to 30, without any suspension of treatment.

14th. Pneumonia symptoms gone; tongue dry, skin moist, respiration 20; stomach tolerant of medicine and nourishment; bowels tympanitic and inclined to purge. The history of the case for the last two days describe it until the 30th, at which time he began gradually to convalesce of the febrile symptoms, and the heart's action gradually increased within six days to 80 beats.

Stimulants seemed to produce little or no effect on the frequency of the pulse. A change in volume could be observed by increasing and diminishing the doses. At times I would give him two ounces of brandy every hour for eight hours; then diminish to half an ounce, with but little change in the number of the heart's beats. The effect of stimulants on the nervous system was more obvious. An increase of temperature would follow a large dose of brandy, and he was more calm and cognizant when well stimulated.

DEATH OF MRS. GROSS.—The papers of Philadelphia announce the death of this estimable lady. She died at her residence in that city on the 27th of February. The immediate cause of her death was exhaustion from long continued suffering, induced by neuralgia, under which she had labored many years. Twice she was taken to Europe by her husband, for the benefit of her health, and for a number of years her summers were spent at the sea-side. In this way she was able to secure long exemptions from severe suffering, during

which she enjoyed life to its fullest extent, always kind, always cheerful, and always imparting happiness to others. Mrs. Gross was a lady of rare attractions. Intelligent and cultivated beyond most of her sex, she united all the qualities of noble womanhood to the true and devoted wife, the loving mother, and the sincere friend. She was spared long to gladden her home by the grace of her manner, and her genial, cheerful, Christian temper; and we deeply sympathize with the manly heart left in his advancing years to mourn the loss of such a wife. To her children, too, as well as to her devoted husband, we tender our sincere condolence in their affliction.

THE DELIRIUM OF OPERATORS.—In the February number we gave an abstract of a recent lecture by Prof. Guéniot on this subject—a lecture found in the *Annales* of Gynecology. Dr. Ludovic Bouland discusses the same theme in the *Gazette Obstétricale*, January 5th, criticising Guéniot's views, contending that the alleged delirium is generally simply a manifestation of ignorance or brutality; and in the conclusion of his paper uses right pleasantly the following *argumentum ad hominem*: "Finally, is M. Guéniot so reliant that he can assert that never, never, after several nights without sleep and fatiguing work every day—so reliant that, in a moment of danger or of hurry, he may not use one word for another, have his countenance darken, perspiration on his forehead, and his movements not have the precision of a watchmaker's? What would M. Guéniot say, should the husband of his patient, a constant or occasional reader of the *Annales*, intimate to him that he should give up the case to another, because he observed in him the *prodromata* of the delirium of operators?"

VULVAL HEMORRHAGE IN AN INFANT OF FIVE DAYS.—We are indebted to Dr. John H. Irby, of Rusk county, Texas, for the following remarkable case: "An infant, five days after birth, was observed by the mother to have an oozing of

blood from within the vagina; occasionally, indeed, small clots were discharged. Nothing remarkable had occurred in the labor, indeed this was quite normal; and the child was apparently in perfect health, and had neither wound nor injury. The flow ceased after the administration of a solution of perchloride of iron in half drop doses."

The case, though extraordinary, is not without several precedents. Under the head of *Vulval Hemorrhages and Menstruation*, Bouchut, in his treatise upon diseases of children, Paris, 1873, adduces several illustrations of hemorrhage similar to that observed by Dr. Irby; in one of these the discharge took place four days after birth, and in another only two days.

PREVENTION OF BED-SORES BY SHEET ZINC.—Dr. G. M. Burke, of New Castle, Ind., states that in cases of protracted illness, the patient being confined to one position, and the parts from pressure become red and inflamed, the threatened ulceration may be prevented by the use of sheet zinc. The zinc should be carefully molded to the part subjected to pressure, twice in the twenty-four hours being removed and thoroughly washed with cold water.

COUNTY MEDICAL SOCIETIES.—Dr. Dare, of Bloomingdale, Parke county, Ind., recently delivered an address before his county society, in which he presented an excellent argument for such organizations, contending that it should be as imperative upon physicians to attend them as it is for teachers to attend their institutes.

KENTUCKY STATE MEDICAL SOCIETY.—The annual meeting of this Society will be held at Hopkinsville on the 4th of this month, and promises to be of great interest; and no Kentucky doctor should fail to be present, if possible for him to go.

INTERNATIONAL MEDICAL CONGRESS.—PHILADELPHIA, 1876.—SEPTEMBER 4TH-9TH.—The International Medical Congress will be formally opened at noon, on Monday, the 4th day of September, 1876, in the University of Pennsylvania. The following addresses will be delivered before the Congress in general meeting:

Address on Medicine, by Austin Flint, M. D., Professor of Practice of Medicine in Bellevue Hospital Medical College, New York.

Address on Hygiene and Preventive Medicine, by Henry I. Bowditch, M. D., President of State Board of Health of Massachusetts.

Address on Surgery, by Paul F. Eve, M. D., Professor of Operative and Clinical Surgery in the University of Nashville.

Address on Obstetrics, by Theophilus Parvin, M. D., Professor of Obstetrics in the College of Physicians and Surgeons of Indiana.

Address on Medical Chemistry and Toxicology, by Theodore G. Wormley, M. D., Professor of Chemistry in Starling Medical College, Columbus, Ohio.

Address on Medical Biography, by J. M. Toner, M. D., of Washington, D. C.

Address, by Dr. Hermann Lebert, Professor of Clinical Medicine in the University of Breslau.

Address on Medical Education and Medical Institutions, by Nathan S. Davis, M. D., Professor of Principles and Practice of Medicine in Chicago Medical College.

Address on Medical Literature, by Lunsford P. Yandell, M. D., late Professor of Physiology in the University of Louisville.

Address on Mental Hygiene, by John P. Gray, M. D., Superintendent and Physician to the New York State Lunatic Asylum, Utica, New York.

Address on Medical Jurisprudence, by Stanford E. Chaillé, M. D., Professor of Physiology and Pathological Anatomy in the University of Louisiana.

Discussions on scientific subjects will be opened in the sections as follows:

Section I. Medicine.

First Question. Typho-malarial Fever; is it a Special Type of Fever? Reporter, J. J. Woodward, M. D., Assistant Surgeon U. S. Army.

Second Question. Are Diphtheritic and Pseudo-membranous

Croup Identical or Distinct Affections? Reporter, J. Lewis Smith, M. D., Physician to the New York Infants' Hospital.

Third Question. Do the Conditions of Modern Life favor specially the Development of Nervous Diseases? Reporter, Roberts Bartholow, M. D., Professor of the Theory and Practice of Medicine in the Medical College of Ohio.

Fourth Question. The Influences of High Altitudes on the Progress of Phthisis. Reporter, Charles Denison, M. D., of Denver, Colorado.

Section II. Biology.

First Question. Microscopy of the Blood. Reporter, Christopher Johnston, M. D., Professor of Surgery in the University of Maryland.

Second Question. The Excretory Function of the Liver. Reporter, Austin Flint, Jr., M. D., Professor of Physiology in the Bellevue Hospital Medical College, New York.

Third Question. Pathological Histology of Cancer. Reporter, J. W. S. Arnold, M. D., Professor of Physiology in the University of the City of New York.

Fourth Question. The Mechanism of Joints. Reporter, Harrison Allen, M. D., Professor of Zoology and Comparative Anatomy in the University of Pennsylvania.

Section III. Surgery.

First Question. Antiseptic Surgery. Reporter, John T. Hodgen, M. D., Professor of Surgical Anatomy and of Clinical Surgery in the St. Louis Medical College.

Second Question. Medical and Surgical Treatment of Aneurism. Reporter, William H. Van Buren, M. D., Professor of the Principles and Practice of Surgery and of Clinical Surgery in the Bellevue Hospital Medical College, New York.

Third Question. Treatment of Coxalgia. Reporter, Lewis A. Sayre, M. D., Professor of Orthopædic Surgery and of Clinical Surgery in the Bellevue Hospital Medical College, New York.

Fourth Question. The Causes and Geographical Distribution of Calculous Diseases. Reporter, Claudius H. Mastin, M. D., of Mobile, Alabama.

Section IV. Dermatology and Syphilology.

First Question. Variations in Type and in Prevalence of Diseases of the Skin in Different Countries of Equal Civilization. Reporter, James C. White, M. D., Professor of Dermatology in Harvard University.

Second Question. Are Eczema and Psoriasis Local Diseases, or are they Manifestations of Constitutional Disorders? Reporter, Lucius Duncan Bulkley, M. D., of New York.

Third Question. The Virus of Venereal Sores; its Unity or Duality. Reporter, Freeman J. Bumstead, M. D., late Professor of Venereal Diseases at College of Physicians and Surgeons, New York.

Fourth Question. The Treatment of Syphilis, with Special Reference to the Constitutional Remedies Appropriate to its Various Stages; the Duration of their Use, and the Question of their Continuous or Intermittent Employment. Reporter, E. I. Keyes, M. D., Adjunct Professor of Surgery and Professor of Dermatology in Bellevue Hospital Medical College, New York.

Section V. Obstetrics.

First Question. The Causes and Treatment of Non-puerperal Hemorrhages of the Womb. Reporter, William H. Byford, M. D., Professor of Obstetrics and Diseases of Women and Children in the Chicago Medical College.

Second Question. The Mechanism of Natural and of Artificial Labor in Narrow Pelves. Reporter, William Goodell, M. D., Clinical Professor of Diseases of Women and of Children in the University of Pennsylvania.

Third Question. The Treatment of Fibroid Tumors of the Uterus. Reporter, Washington L. Atlee, M. D. of Philadelphia.

Fourth Question. The Nature, Causes, and Prevention of Puerperal Fever. Reporter, William T. Lusk, M. D., Professor of Obstetrics and Diseases of Women and Children in Bellevue Hospital Medical College, New York.

Section VI. Ophthalmology.

First Question. The Comparative Value of Caustics and Astringents in the Treatment of Diseases of the Conjunctiva, and the Best Mode of Applying them. Reporter, Henry W. Williams, M. D., Professor of Ophthalmology in Harvard University.

Second Question. Tumors of the Optic Nerve. Reporter, Herman Knapp, M. D., of New York.

Third Question. Orbital Aneurismal Disease and Pulsating Exophthalmia; their Diagnosis and Treatment. Reporter, E. Williams, M. D., Professor of Ophthalmology in Miami Medical College of Cincinnati.

Fourth Question. Are Progressive Myopia and Posterior Staphyloma due to Hereditary Predisposition, or can they be Induced by

Defects of Refraction, acting through the Influence of the Ciliary Muscle? Reporter, E. G. Loring, M. D., of New York.

Section VII. Otology.

First Question. Importance of Treatment of Aural Diseases in their Early Stages, especially when arising from the Exanthemata. Reporter, Albert H. Buck, M. D., of New York.

Second Question. What is the Best Mode of Uniform Measurement of Hearing? Reporter, Clarence J. Blake, M. D., Instructor in Otology in Harvard University.

Third Question. In what Percentage of Cases do Artificial Drum-membranes prove of Practical Advantage? Reporter, H. N. Spencer, M. D., of St. Louis.

Section VIII. Sanitary Science.

First Question. Disposal and Utilization of Sewage and Refuse. Reporter, John H. Rauch, M. D., late Sanitary Superintendent of Chicago, Ill.

Second Question. Hospital Construction and Ventilation. Reporter, Stephen Smith, M. D., Professor of Orthopædic Surgery in the University of the City of New York.

Third Question. The General Subject of Quarantine, with Particular Reference to Cholera and Yellow Fever. Reporter, J. M. Woodworth, M. D., Supervising Surgeon-General U. S. Marine Hospital Service.

Fourth Question. The Present Condition of the Evidence Concerning "Disease-Germs." Reporter, Thomas E. Satterthwaite, M. D., of New York.

Section IX. Mental Diseases.

First Question. The Microscopical Study of the Brain. Reporter, Walter H. Kemster, M. D., Physician and Superintendent of Northern Hospital for Insane, Oshkosh, Wisconsin.

Second Question. Responsibility of the Insane for Criminal Acts. Reporter, Isaac Ray, M. D., of Philadelphia.

Third Question. Simulation of Insanity by the Insane. Reporter, C. H. Hughes, M. D., of St. Louis, Mo.

Fourth Question. The Best Provision for the Chronic Insane. Reporter, C. H. Nichols, M. D., Physician and Superintendent of the Government Hospital for the Insane, Washington, D. C.

Gentlemen intending to make communications upon scientific subjects, or to participate in any of the debates, will please notify

the Commission before the first of August, in order that places may be assigned them on the programme.

In order to facilitate debate there will be published, on or about June 1st, the outlines of the opening remarks by the several reporters. Copies may be obtained on application to the Corresponding Secretaries.

The volume of Transactions will be published as soon as practicable after the adjournment of the Congress.

The public dinner of the Congress will be given on Thursday, September 7th, at 6:30 P. M.

The registration book will be open daily from Thursday, August 31st, from 12 to 3 P. M., in the Hall of the College of Physicians, N. E. corner 13th and Locust Streets. Credentials must in every case be presented.

The registration fee (which will not be required from foreign members) has been fixed at ten dollars, and will entitle the member to a copy of the Transactions of the Congress.

Gentlemen attending the Congress can have their correspondence directed to the care of the College of Physicians of Philadelphia, N. E. corner of Locust and 13th streets, Philadelphia, Pa.

There is every reason to believe that there will be ample hotel accommodations, at reasonable rates, for all strangers visiting Philadelphia in 1876. Further information may be obtained by addressing the Corresponding Secretaries.

All communications must be addressed to the appropriate Secretaries at Philadelphia.

The foregoing programme is published by the authority of the Committee of Arrangements of the Centennial Medical Commission.

S. D. GROSS, M. D., *President.*

WILLIAM B. ATKINSON, M. D., 1400 Pine street,

Recording Secretary.

WILLIAM GOODELL, M. D., 20th and Hamilton streets,

DANIEL G. BRINTON, M. D., 115 South 7th street,

American Corresponding Secretaries.

RICHARD J. DUNGLISON, M. D., 814 North 16th street,

R. M. BERTOLET, M. D., 113 South Broad street,

Foreign Corresponding Secretaries.

PHILADELPHIA, March, 1876.